附件1：

 **一级学科研究生培养指导委员会委员推荐名单**

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| **序号** | **姓名** | **性别** | **职称/职务** | **学科名称** | **工作单位（学院）** | **手机号** | **E-mail** | **备注** |
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经 学院审核，推荐上述专家学者为 一级学科研究生培养指导委员会委员，聘期四年。

主管院长签字（公章）： 年 月 日

 **交叉学科研究生培养指导委员会委员推荐名单**

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| **序号** | **姓名** | **性别** | **职称/职务** | **学科名称** | **工作单位（学院）** | **手机号** | **E-mail** | **备注** |
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经 学院审核，推荐上述专家学者为 交叉学科研究生培养指导委员会委员，聘期四年。

主管院长签字（公章）： 年 月 日

 **专业学位类别研究生培养指导委员会委员推荐名单**

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| **序号** | **姓名** | **性别** | **职称/职务** | **专业领域** | **工作单位** | **手机号** | **E-mail** | **备注** |
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经 学院审核，推荐上述专家学者为 专业学位类别研究生培养指导委员会委员，聘期四年。

主管院长签字（公章）： 年 月 日