**附件四：**

**苏州大学学生“我最喜爱的老师”候选人学生联名推荐表**

**日期：2017年\_月\_日**

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| --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | **性 别** |  | **出生年月** |  | **照片** |
| **籍 贯** |  | **政治面貌** |  | **联系方式** |  |
| **学历/学位** |  | **教 龄** |  |
| **所在单位** |  | **职务/职称** |  |
| **推****荐****理****由** | **（可自行选取合适的方式，若有图片、视频等材料可另附页。）** |

**注：1、此表一式一份，正反打印；**

**2、本表由推荐者负责填写。**

 **学生联合推荐人名单**

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| **序号** | **姓名** | **学院（部）** | **年级专业** | **联系方式** | **备注** |
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**注：1、非毕业班班级联合推荐（全校范围内联名推荐）满50人，被推荐者方可纳入候选名单。**

**2、请于推荐人中选出一位学生推荐代表，并在该同学的备注一栏里注明。**