**滨州医学院学术活动申请表**

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| **姓 名** |  | | **学历、学位** | |  | | | **职称、职务** | |  | |
| **工作单位（部门、学院）** | | | |  | | | | | | **教研（科）室** |  |
| **办公电话** | |  | | | | | **手机** | | |  | |
| **讲座题目** | |  | | | | | | | | | |
| **报告时间** | |  | | | | **讲座地点** | | |  | | |
| **个人简介（出生年月、学业经历、学术研究与成果、主要研究方向及内容、社会学术兼职等）** | | | | | | | | | | | |
| **报告内容简介：** | | | | | | | | | | | |
| **部门、学院意见：**  负责人签字（盖章）  年 月 日 | | | | | | | | | | | |
| 备注： | | | | | | | | | | | |