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| \*\*\*学院/部门人工智能教学能力线上培训报名登记表 | | | | | | | | |
| **序号** | **姓名** | **性别** | **教学职称/医疗职称** | **最高学历** | **最高学位** | **所学专业** | **学科类别** | **所属教研室（科室）** |
| **1** |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |
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| **7** |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |  |
| **注：学科类别请选择医科、农科、理工科、文科其中一个填写。如行数不够可自行添加。** | | | | | | | |  |