**杭州医学院外籍教师情况调查表**

学院：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 填表人：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 填表时间：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 姓名 | 国籍/地区 | 护照号码 | 性别 | 年龄 | 教授课程 | 入职时间 |
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