附件4

**2019年江苏省研究生工作站期满验收申请汇总表**

**高校名称（盖章）： 填报日期： 年 月 日**

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| **工作站编号** | **设站单位名称** | **工作站类别**  **（企业/非企业）** | **设站时间** | **是否已完成期满验收**  **申请（是/否）** | **是否申报省级优秀**  **研究生工作站（是/否）** | **备注**  **（未申请原因）** |
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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **高校联系人：** |  | **联系电话：** |  | **电子信箱：** |  | |  | | |  | | | |