**附件4：**

**全区高校毕业生创业实训师资提高班推荐表**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 填报单位（盖章）： | | | | | | | | |
| **序号** | **姓名** | **性别** | **学历** | **有无授课经验** | **单位** | **职务** | **联系电话** | **备注** |
| **1** |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |