附件4

CAP课程培训证书申请表

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|  | **申请人：** |  | | | **参与培训期数：** |  | | | **申请时间：** |  | | | |
|  | **参训课程** | | | | | | | | | | | | |
|  | **学科基础课程** | | | | | | **教师能力提升课程** | | | | | | |
|  | **名称及主讲教师** | | **学时** | **课程完成时间** | | **成绩** | **名称及主讲教师** | | **学时** | **课程完成时间** | | | **成绩** |
|  |  | |  |  | |  |  | |  |  | | |  |
|  | **基本情况** | | | | | | | | | **联系方式** | | | |
|  | **学校** | **姓名** | **性别** | **年龄** | **民族** | **第一学历** | **最后学历** | **毕业院校** | **所教学科** | **手机** | **E-mail** | **微信** | **通讯地址** |
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