附件2：

**入库专家信息汇总表**

**二级学院名称： （盖章） 联系人姓名： 联系电话：**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓 名** | **职称** | **出生年月** | **学历** | **所在专业** | **联系电话** | **E-mail地址** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |