**浙江特殊教育职业学院**

**双师素质教师培养资助项目申请表**

**部门： 日期：**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | 系（部）  专业 | | |  | | 现聘职务 | |  |
| 实践项目 |  | 实践单位 | | |  | | 实践时间 | |  |
| 标志性  成果 |  | | | | | | | | |
| 申请资助金额 | 支出项目 | | 金额 | | | | | 备注 | |
| 资料费 | |  | | | | |  | |
| 调研差旅费 | |  | | | | |  | |
| 小型会议费 | |  | | | | |  | |
| 进修培训费 | |  | | | | |  | |
| 成果出版费 | |  | | | | |  | |
| 其他科研业务费 | |  | | | | |  | |
|  | |  | | | | |  | |
|  | |  | | | | |  | |
| 申请资助总额 | |  | | | | | | |
| 申请人签名 |  | | | | | | | | |
| 教务科研处意见 | 签名 盖章 | | | 人事部门意见 | | 签名 盖章 | | | |
| 校领导意见 |  | | | | | | | | |