|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **本科专业综合评估工作联系人信息表** | | | | | |
| 填报单位： | | | |  |  |
| **序号** | **专业名称** | **所在学院** | **姓名** | **工号** | **电话** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  | 填报人： |
|  |  | |  |  |
|  |  | |  |  | 时 间： |