北京语言大学

博士后科研流动站合作导师申请表

姓 名：

所在单位：

一级学科：

二级学科：

人事处制表

填表说明

1.“近五年承担省部级以上科研项目”中“项目性质”一项，请填写项目的具体性质，如“国家杰出青年科学基金”、“国家自然科学基金重点项目”、“教育部高校青年教师奖”、“[国家社会科学基金项目](http://www.pku.edu.cn/adminstration/skc/kyxm/guojiaxmf/indexgj.htm" \t "right)”、“[教育部人文社会科学研究项目](http://www.pku.edu.cn/adminstration/skc/kyxm/jiaoyubuf/indexjyb.htm" \t "right)”、“[北京市哲学社会科学规划项目](http://www.pku.edu.cn/adminstration/skc/kyxm/beijingshf/indexbjs.htm" \t "right)”等。

“预计结项年度”是指在项目申请时，预计的结项年度，不包括延期时间。

2.“近五年核心期刊论文”中，请按照核心期刊论文重要性排序。刊物级别请根据《北京语言大学学术刊物分类表》，填写“AI”、“AII”、“BI”、“BII”、“BIII”。

3.“博士后合作科研思路”主要填写履行博士后合作导师职责的工作思路及科研目标。

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| 一、个人基本情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 | | |  | | | | 性 别 | |  | | | | | | | 出生年月 | | | |  | | | | | | | |
| 最终学历毕业院校 | | |  | | | | | | | | | | | | | 所学专业 | | | |  | | | | | | | |
| 最终学位 | | |  | | | | | | | | | | | | | 获得时间 | | | |  | | | | | | | |
| 所在单位 | | |  | | | | | | | | 正高级专业技术职务任职时间 | | | | | 年 月 | | | | | | | | | | | |
| 主要行政职务 | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 主要学术兼职 | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 二、申请人近五年承担省部级以上科研项目 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | 项目名称 | | | | | | | 项目性质 | | | | | | 项目经费 | | | | 起始年度 | | | 预计结项年度 | | | | | 排序 |
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| 三、申请人近五年核心期刊论文 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | 论文名称 | | | | 期刊名称 | | | | | | | 期刊级别 | | | | | 年份  期号 | | | | | 排序 | | | 是否被SCI、EI、  SSCI、CSSCI收录 | |
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| 四、申请人近五年出版专著 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | 专著名称 | | | | | 出版社 | | | | | | | 出版时间 | | | | | | 字数 | | | | | 排序 | | |
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| 五、申请人近五年指导博士生情况 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 毕业人数 | | | |  | | | | | | 在读人数 | | | | |  | | | | | | | | | | | |
| 六、申请人近五年指导硕士生情况 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 毕业人数 | | | |  | | | | | | 在读人数 | | | | |  | | | | | | | | | | | |
| 七、申请人近五年为本科生授课情况 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | 课程名称 | | | | | | | | | | | | | | | 授课人数 | | | | | | 总课时数 | | | |
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| 八、博士后合作科研思路 | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 本人承诺，以上填写的信息全部属实，如有虚假填报，愿意承担相应责任。  申请人签字：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 九、申请人所在单位意见 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 签章：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | |