附件2

全国高校研究生党员骨干“严格党内政治生活”专题网络培训示范班培训回执表

**省（自治区、直辖市）党委教育工作部门：**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **省级负责人信息** | | | | | | | | | | | |
| **姓名** |  | | **部门职务** |  | | **电话** | |  | | **传真** |  |
| **手机** |  | | **通讯地址** |  | | **邮编** | |  | | **E-mail** |  |
| **分班信息** | | | | | | | | | | | |
| **班级名称** | **班级人数** | **班长信息** | | | | | | | | | |
| **姓名** | | | **电话** | | **手机** | | **E-mail** | | |
| **1班** |  |  | | |  | |  | |  | | |
| **2班** |  |  | | |  | |  | |  | | |
| **……** |  |  | | |  | |  | |  | | |
| **合计** |  |  | | |  | |  | |  | | |
| **单位意见** | | | | | | | | | | | |
| **单位盖章**  **年 月 日** | | | | | | | | | | | |

备注：此表可复制或另附页。