**湖州师范学院研究生学科竞赛项目负责人变更情况表**

实施学院并加盖印章： 分管院领导签字：

报送人： 报送人联系电话：

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| **序号** | **竞赛名称** | **原负责人** | **变更负责人** | **学历、职称** | **学科专业** | **联系电话** |
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