附件1

湖 南 省 高 等 教 育 自 学 考 试

社会助学机构年审登记表

组织名称（盖章）：

主体类型：

助学类型：

助学形式： □全日制 □业余

填表日期

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| 助学组织名称 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 通 讯 地 址 | | | | | | |  | | | | | | | | | | | | | | | | | | | 邮编 | | | |  | |
| 联 系 电 话 | | | | | | |  | | | | | | | | 电子信箱 | | | | | | | |  | | | | | | | | |
| 举 办 者 | | | | | | |  | | | | | | | | | | | | 负 责 人 | | | | | | |  | | | | | |
| 办学许可证号/备案文号 | | | | | | | | | | |  | | | | | | | | | | | | 发证日期 | | | 年 月 日 | | | | | |
| 发证部门/备案部门 | | | | | | | | | | |  | | | | | | | | | | | | 注册资金 | | | 万元 | | | | | |
| 法人代表 | | 姓 名 | | | |  | | | | | | | 性别 | | | | |  | | | | | | | | 年龄 | |  | | | |
| 职 务 | | | |  | | | | | | | 职称 | | | | |  | | | | | | | | | | | | | |
| 电 话 | | | |  | | | | | | | 传真 | | | | |  | | | | | | | | 手机 | |  | | | |
| 助学许可证编号 | |  | | | | | | | | | | | | | | | | 发证日期 | | | | | | | | 年 月 日 | | | | | |
| 助学主体  类 型 | | □ 普通高校 □ 成人高校 □ 中等职业学校  □ 民办非学历教育机构 □ 其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 助学方式 | | * 全日制 □ 业余制 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 助学手段 | | * 面授 □ 函授 □ 网络助学 □ 其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主要  管理  人员 | 姓 名 | | | | 性别 | | | | | 年龄 | | | | 职务 | | | | | | | 职称 | | | | | 原所在单位、职务 | | | | | |
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| 教学  设施 | 专用教室 | | | | | | | | | 租用教室 | | | | | | | | | | 仪器设备 | | | | | | | 图书资料 | | | | |
| m2 | | | | | | | | | m2 | | | | | | | | | | 万元 | | | | | | | 册 | | | | |
| 教学点  详细地址 | | | | | | | 1 | |  | | | | | | | | | | | | | | | | | | | | | |
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| 3 | |  | | | | | | | | | | | | | | | | | | | | | |
| 生活  设施 | 住宿点  详细地址 | | | | | | | 1 | |  | | | | | | | | | | | | | | | | | | | | | |
| 2 | |  | | | | | | | | | | | | | | | | | | | | | |
| 3 | |  | | | | | | | | | | | | | | | | | | | | | |
| 合作办学情况（具体情况另附页） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | 合作单位 | | | | | | | 单位性质 | | | | | | | 地址 | | | | | | | | | | | | | | | | |
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| 各专业在校学生情况（可另附页） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 专业代码 | 专业  层次 | | | 专业名称 | | | | | 学习  时限 | | | 学 员 人 数 | | | | | | | | | | | | | | | | | | | |
| 总数 | | | | 近三年招生数 | | | | | | | | | | | 全日制数 | | | | 业余数 |
| 2016 | | | | | | 2017 | | | 2018 | |  | | | |  |
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| 合 计 | | | | | | | | | | | |  | | | |  | | | | | |  | | |  | |  | | | |  |
| 专兼职教学人员情况（可另附页） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 | | | 性别 | | | | 年龄 | | | | 文化程度 | | | | | | 职称 | | | | | | | 辅导课程 | | | 兼职教师单位 | | | | |
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| 专职教学人员数 | | | | | | | | | | |  | | | | | | 兼职教学人员数 | | | | | | | | | |  | | | | |
| 教学和管理人员总数 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 专职班主任数 | | | | | | | | | | |  | | | | | | 专职生活管理老师数 | | | | | | | | | | | |  | | |
| 法人单位意见：        签字（公章）：    年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 市州自考办审核意见：      签字（公章）：    年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 省自考办审核意见：    签字（公章）：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 备注： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

说明：1.“教学设施”一栏中，如属租用需附租房协议书复印件。

2.“市州自考办审核意见”一栏由市州自考管理部门审核市州所辖助学机构时填写，本科院校设立的助学机构直接报省自考办审核，不须填写。