函授站（点）名称： 填表日期： 年 月 日

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| 站长姓名 | | | |  | | | | 联系  电话 | | |  | | | 办公  电话 |  | |
| 教学管理  负责人姓名 | | | |  | | | | 联系  电话 | | |  | | | 办公  电话 |  | |
| 函授站（点）地 址 | | | |  | | | | | | | | | | | | |
| 已有办学  条件 | 教 室 | | | | | 间（ M2） | | | | | | 电 脑 | | 台 | | |
| 办公室 | | | | | 间（ M2） | | | | | | 档案室 | | 间（ M2） | | |
| 食 堂 | | | | |  | | | | | | 宿 舍 | |  | | |
| 设备总值 | | | | |  | | | | | | 建 筑 物  所有权单位 | |  | | |
| 函授站（点）专职人员（可另附页） | | | | | | | | | | | | | | | | |
| 总人数 | | |  | | | | 管理人员 | | |  | | | 专职教师 | |  | |
| 姓名 | | | 性别 | | 年龄 | | 学历 | | 职称 | | | 职务/岗位 | 全职/兼职 | | 联系电话 | |
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| 教学管理规章制度 | |  | | | | | | | | | | | | | |
| 教学情况 | |  | | | | | | | | | | | | | |
| 存在不足 | |  | | | | | | | | | | | | | |
| 函授站（点）点教学工作自查结果评定为：（优秀、良好、中等、合格、不合格） | | | | | | | | | | | | | | | |

注：此表由各函授站（点）进行教学自查工作后填写归档以备检查