附件3

中德先进职业教育合作项目

申报表

学校名称（盖章）：

专业代码：

专业名称：

学校负责人：

联系电话（含手机）：

项目联系人：

联系电话（含手机）：

年 月

填表说明

1. 本表限用A4纸张双面打印填报，本表封面之上不得另加其他封面。

2. 申报专业须由省级教育行政部门、院校联合推荐。

3. 本表填写内容应准确无误，统计范围严格界定为申报专业。填报数据须属实、有据可查。

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| 单位名称 | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 单位地址 | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 法人代表 | | |  | | | | | | 电话 | |  | | | | | | 电子  邮箱 | | | | | |  | | | | |
| 是否国家示范校/骨干校 | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否省级优质校建设单位 | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 学校简介 | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 专业基本情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 专业名称 | | | |  | | | | | | | | 专业设置时间 | |  | | | | | | | 在校生数 | | | | |  | | |
| 专业名称 | | | |  | | | | | | | | 专业设置时间 | |  | | | | | | | 在校生数 | | | | |  | | |
| 专业名称 | | | |  | | | | | | | | 专业设置时间 | |  | | | | | | | 在校生数 | | | | |  | | |
| 近三年专业毕业生就业情况 | 毕业生数 | | | 2018届 | | |  | | | | | 2019届 | |  | | | | | | | 2020届 | | | | |  | | |
| 就业率 | | | 2018届 | | |  | | | | | 2019届 | |  | | | | | | | 2020届 | | | | |  | | |
| 学生获奖情况 | | | | 近三年省级获奖数 | | |  | | | | | | | 近三年国家级获奖数 | | | | | | |  | | | | | | | |
| 专业实训设备概况 | | | | 设备  总值 | | |  | | | | | | | 生均  设备值 | | | | | | |  | | | | | | | |
| 专业  校企  合作  情况 | | 合作企业名称 | | | | 订单班级数/人数 | | | | | | 年合作开展培训人/日 | | | | | | | 学生年就业数 | | | | | | 企业设备投入数 | | | |
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| 专业建设及人才培养相关情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 一、专业点简介﹝包括专业设置背景、历史沿革等（不超过400字）﹞ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 二、专业建设基本情况及成效（不超过1000字） | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 三、专业荣誉、获奖、培训基地等统计 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | 名称 | | | | | | | | | 级别 | | | | | 授予部门 | | | | | | | | | 授予时间 | | | | |
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| 四、教师队伍基本情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 专业带头人基本情况 | 姓名 | | |  | | | | | | | | 性别 | |  | | | | | | 出生年月 | | | | | |  | | |
| 最高学历 | | |  | | | | | | | | 专业技术职称 | |  | | | | | | | | | | | | | | |
| 职务（包括社会兼职） | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 专业领域 | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 主要业绩及相关荣誉 | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 教师团队基本情况 | 专任教师 | | | 总人数 | | |  | | | | | 其中高级职称人数/比例 | |  | | | | | | 双师型教师  人数/比例 | | | | | |  | | |
| 兼职教师 | | | 总人数 | | |  | | | | | 其中高级  职称人数 | |  | | | | | | 承担课时占专业总课时比例 | | | | | |  | | |
| 专业专任教师获奖统计 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | 名称 | | | | | | | | | | | 获奖人员 | | 级别 | | | | | | 授予部门 | | | | | | 授予时间 | | |
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| 推荐SGAVE项目教师情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | 教师姓名 | | | | 性别 | | | 出生年月 | | | | | 学历及学位 | | | | | 职称 | | | | 职业资格证书 | | | | | 是否双师 | |
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| 五、实训条件保障 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （一）校内实训条件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | 实训室名称 | | | 建筑面积(平方米) | | | | 设备数  （台套） | | | | 设备总值  （万元） | | 开设实训项目 | | | | | | | | | | | | 年使用情况  (人次) | | |
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| （二）实训基地获奖统计 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | 名称 | | | | | | | | | | | 级别 | | | | 授予部门 | | | | | | | | | | 授予时间 | | |
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| 六、未来三年（中职、高职）/四年（应用型本科）专业建设规划﹝包括建设目标、主要任务、预期效果等（不超过1000字）﹞ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 七、SGAVE合作项目建设保障（不超过500字） | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 推荐意见 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申报单位主管部门 | 盖章  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |