附件2

**学分登记申请表**

编号：

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| **以下由申请单位填写** | | | | | | | | | | | | |
| 申请单位（公章） | |  | | | | | | | | | | |
| 申请单位社会统一信用代码 | |  | | | 申请单位注册登记部门 | | | | |  | | |
| 学分登记人数 | |  | 登记年度 | | |  | | 培训天数 | | | |  |
| 经办人 | |  | | 联系电话 | | | | | | |  | |
| 所属单位 | | 社会统一信息代码（若所属单位较多，可附页） | | | | | | | | | | |
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| 培训课程内容 | |  | | | | | | | | | | |
| **以下由所属财政部门填写** | | | | | | | | | | | | |
| 初审意见 | 初审人数： 人  经办人及时间： | | | | | | 审核意见 | |  | | | |
| 记档审核 | 记档人数： 人 审核人：  单位（盖章）： | | | | | | | | | | | |