**教师资格认定申请表**

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| **姓　　名** |  | **性别** |  | **2寸近期****正面免冠****照　　片** |
| **民　　族** |  | **政治面貌** |  |
| **出生日期** |  | **出　生　地** |  |
| **毕业学校** |  |
| **所学专业** |  |
| **最高学位** |  | **最高学历** |  |
| **现从事职业** |  | **专业技术职务** |  |
| **通讯地址** |  | **邮编** |  |
| **联系电话** |  | **电子邮箱地址** |  |
| **申请任教学科（课程）** |  |
| **身份证号码** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **本　人　简　历** |
| **时　间** | **单　　位** | **职　务** | **证明人** |
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