**厦门大学医学院讲座课酬审批表**

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| **姓名** |  | | **职称** | |  | **工作单位** | | |  | | | |
| **讲座名称** | |  | | | | | | | | **讲座时间** | |  |
| **讲座学时** | |  | | **课酬标准** | |  | | **实付课酬** | | |  | |
| **系（部）审核意见** | | | | | | | **学院科研办审核意见** | | | | | |
| **学院分管领导意见** | | | | | | | | | | | | |