附件

江 苏 省 高 等 教 育 自 学 考 试

社 会 助 学 组 织 登 记 表

（ 年度）

组织名称： （章）

助学形式：

□ 面向社会开考专业和主考学校自办助学专业二者兼有

□ 面向社会开考专业和“专接本”专业二者兼有

□ 主考学校自办助学专业和“专接本”专业二者兼有

□ 主考学校自办助学专业和二学历专业二者兼有

□ 主考学校自办助学专业

□ “自考本科二学历”

□ 面向社会开考专业（全日制）

□ 面向社会开考专业（业余）

□ 助学专业校外助学点（另附页说明）

其他：

填表日期

填表说明

1.登记注册的社会助学组织须附教育行政部门颁发的经年审合格的“中华人民共和国民办学校办学许可证”或经教育行政部门备案的证明文件（复印件），首次登记注册的社会助学组织须附单位情况简介。

2.“组织名称”一栏按办学许可证或备案文件上的名称填写，与公章一致。

3.“助学形式”一栏请直接在“□”里打勾，如“□”中没有列出的请用文字填写。

4.各社会助学组织应如实填写“在校学生情况”。

5.“举办者”为具有法人资格的组织或具有政治权利和完全民事行为能力的公民个人。

6.办学许可证发证日期须以“yyyy-mm-dd（年-月-日）”格式填写具体。

7.“教学设施”一栏须如实填写，如属租用须附租房协议书复印件。

8.“专业代码”和“专业名称”应按规范要求填写，“专业层次”一栏应按“本科”“专科”分类填写，同一专业的不同方向只需填写一个，不要重复填报。

9.“学员总数”一栏中，“总数”指该专业在校自考生总人数，“集中数”指该专业以全日制形式学习的自考生总人数，“业余数” 指该专业以业余形式学习的自考生总人数，“当年招生数”指当年该专业招收自考生人数。

10.“设区市考办意见”一栏须详细填写拟同意开办辅导的专业（课程）名称、助学形式，要注意专业名称的规范，并请加盖公章。

表格中标注“\*”为必填项。

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| \*助学组织名称 | | | | |  | | | | | | | | | | | | | |
| \*通讯地址 | | |  | | | | | | | | | | | \*邮编 | | | |  |
| \*联系电话 | | |  | | | | | | | \*电子信箱 | | | |  | | | | |
| 举办者 | | |  | | | | | | | \*负责人 | | | |  | | | | |
| \*办学许可证号/备案文号 | | | | | | |  | | | | \*发证日期 | | | | | 年 月 日 | | |
| \*发证部门/备案部门 | | | | | | |  | | | | 注册资金 | | | | | 万元 | | |
| 法人  代表 | | \*姓名 | |  | | | 性别 | |  | | | | 年龄 | | | |  | |
| \*职务 | |  | | | 职称 | |  | | | | 原所在单位 | | | |  | |
| \*电话 | |  | | | 传真 | |  | | | | 手机 | | | |  | |
| 管理人员 | 姓名 | | 性别 | | | 年龄 | | 职务 | | | | 职称 | | | 原所在单位、职务 | | | |
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| \*管理总人数 | | | | | | | | | | | |  | | | | | | |

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| 教学设施 | 专用教室  （面积） | | | | | | | | 租用教室  （面积） | | | | | | 仪器设备 | | | 图书资料 | | |
|  | | | | | | | |  | | | | | | 万元 | | | 册 | | |
| 教学点  详细地址 | | | | | 1 | | |  | | | | | | | | | | | |
| 2 | | |  | | | | | | | | | | | |
| 3 | | |  | | | | | | | | | | | |
| 生活设施 | 住宿点  详细地址 | | | | | 1 | | |  | | | | | | | | | | | |
| 2 | | |  | | | | | | | | | | | |
| 3 | | |  | | | | | | | | | | | |
| \*在校学生情况（可另附页） | | | | | | | | | | | | | | | | | | | | |
| 专业  代码 | | 专业  层次 | | 专业  名称 | | | | 学习  时限 | | 学员人数 | | | | | | | | | | |
| 总数 | | | | 当年招生数 | | | 集中数 | | | 业余数 |
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| 合计 | | | | | | | | | |  | | | |  | | |  | | |  |
| \*专兼职教学人员情况（可另附页） | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | | 性别 | | 年龄 | | | 文化程度 | | | 职称 | | | | 辅导课程 | | 兼职教师单位 | | | |
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| \*专职教学人员数 | | | | | | | |  | | | \*兼职教学人员数 | | | | | |  | | | |
| \*教学和管理人员总数 | | | | | | | |  | | | | | | | | | | | | |
| 专职班主任数 | | | | | | | |  | | | 专职生活管理老师数 | | | | | | | |  | |
| \*（ ）年招生计划（可另附页） | | | | | | | | | | | | | | | | | | | | |
| 计划招生专业 | | | | | | | 助学类型 | | | | | | 专业层次 | | | 计划招生数 | | | | |
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| 招生范围 | | | | | | |  | | | | | | | | | | | | | |
| 招生方式 | | | | | | |  | | | | | | | | | | | | | |
| \*法人单位意见：  签字：  （公章）  年 月 日 | | | | | | | | | | | | | | | | | | | | |
| \*设区市考办意见：  签字：  （公章）  年 月 日 | | | | | | | | | | | | \*省教育考试院意见：  签字：  （公章）  年 月 日 | | | | | | | | |