附件5

**陕西中医药大学硕士研究生预答辩意见书**

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| 研究生姓名 | | |  | | 所学专业 | | |  | | | 入学时间 | |  | |
| 导师姓名及职称 | | | | |  | | | | | 预答辩时间 | | |  | |
| 论文题目 | |  | | | | | | | | | | | | |
| 毕业论文预答辩委员会组长和成员 | 姓名 | | | 职称 | | 在预答辩小组中担任的角色 | | | 工作单位 | | | | | 签名 |
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| 投票结果统计 | | | | 同意： 票 | | | 不同意： 票 | | | | | 弃权： 票 | | |
| 预答辩小组意见：  预答辩小组组长（签章）：  年 月 日 | | | | | | | | | | | | | | |