附件1

**在校残疾人大学生基本信息表**

学校名称：

填表老师： 不需填写 职务： 不需填写 联系方式： 不需填写

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| **序号** | **姓名** | **户籍（省、市区）** | **性别** | **残疾类别** | **残疾等级** | **专业** | **毕业年份** | **联系电话** | **电子邮箱** | **备注** |
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