附件1：

**在校残疾人大学生基本信息汇总表**

学院名称：

填表老师： 职务： 联系方式：

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **残疾类别** | **户籍**  **（具体到区）** | **性别** | **专业** | **毕业年份** | **联系电话** | **电子邮箱** | **备注** |
| 1 |  |  |  |  |  |  |  |  |  |
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| 14 |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |