附件1

**在校残疾人大学生基本信息表**

学院名称：

填表老师： 职务： 联系方式：

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
| 1 | 　 | 　 | 　 |  |  | 　 | 　 | 　 | 　 |  |
| 2 | 　 | 　 | 　 |  |  | 　 | 　 | 　 | 　 |  |
| 3 | 　 | 　 | 　 |  |  | 　 | 　 | 　 | 　 |  |
| 4 | 　 | 　 | 　 |  |  | 　 | 　 | 　 | 　 |  |
| 5 | 　 | 　 | 　 |  |  | 　 | 　 | 　 | 　 |  |
| 6 | 　 | 　 | 　 |  |  | 　 | 　 | 　 | 　 |  |
| 7 | 　 | 　 | 　 |  |  | 　 | 　 | 　 | 　 |  |
| 8 | 　 | 　 | 　 |  |  | 　 | 　 | 　 | 　 |  |
| 9 | 　 | 　 | 　 |  |  | 　 | 　 | 　 | 　 |  |
| 10 | 　 | 　 | 　 |  |  | 　 | 　 | 　 | 　 |  |
| 11 | 　 | 　 | 　 |  |  | 　 | 　 | 　 | 　 |  |
| 12 | 　 | 　 | 　 |  |  | 　 | 　 | 　 | 　 |  |
| 13 | 　 | 　 | 　 |  |  | 　 | 　 | 　 | 　 |  |
| 14 | 　 | 　 | 　 |  |  | 　 | 　 | 　 | 　 |  |
| 15 | 　 | 　 | 　 |  |  | 　 | 　 | 　 | 　 |  |