**附件：**

**2024届毕业生就业托底帮扶计划（第一期）报名推荐表**

**学院领导签字（学院公章）： 日期： 年 月 日**

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| **序号** | **姓名** | **学号** | **学院名称** | **层次** | **专业** | **联系电话** | **微信号** | **就业意向简介** |
| 1 |  |  |  |  |  |  |  |  |
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