附件

**参训学生报名表**

**学院名称（盖章）： 领导签字： 日期： 年 月 日**

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| 学号 | 姓名 | 民族 | 性别 | 学历 | 专业 | （预）毕业年份 | 身份证号 | 联系电话 | 是否两日均可参加培训 |
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