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| 附件2  福建省大学生创新创业导师个人信息汇总表  **学校名称：** | | | | | | | | | | |
| **序号** | **姓名** | **性别** | **出生年月** | **工作单位** | **职务或职称** | **毕业学校** | **学历** | **手机号码** | **邮箱** |
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注：本表由高校填写，与10月16日前发至省教育厅学生工作处邮箱，jytxsc@126.com。

**填表人：**  **联系电话：**