**附件：2**

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| 2024年寒假留校住宿学生统计表 | | | | | | | |
| **学院负责人签字（公章）： 联系人： 电话号码：** | | | | | | | |
| **序号** | **姓名** | **学院（部）** | **学号** | **楼号** | **房间号** | **留宿起止时间** | **留宿原因** |
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| 备注 | 1.纸质版一式两份，二级学院（研究生部）负责人签字加盖公章后，报送后勤管理处学生公寓管理中心； 2.电子版发送至学生公寓管理中心邮箱 联系电话：88409426、88409486 | | | | | | |