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| 皖南医学院 第二届安徽省大学生版权征文活动参加高校信息汇总表 | | | | | | | | | | | | |
| 序号 | 学历层次 | 姓名 | 年级 | 专业 | 学号 | 论文题目 | 作者联系方式 | | 指导教师姓名 | 职务职称 | 指导教师联系方式 | 备注 |
|  | （填写本科生/研究生） |  |  |  |  |  | （填写常用手机号） | （不超过2名，如无指导教师则填“无”） | | （同左） | （同左） |  |
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