附件7

抚顺市高校毕业生专业转换及技能提升培训中途退出学生信息汇总表

机构名称:(盖章)

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| 序号 | 班级编号 | 姓名 | 身份证号 | 联系电话 | 参加培训日期 | 退出培训日期 | 累计培训时间 | 退出培训原因 |
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