附件1：

**2017届毕业生重点关注对象**

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| 序号 | 姓名 | 学院 | 联系电话 | 类别 | 初次辅导情况 | 是否制定干预方案 | 辅导老师 |
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| 类别 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 总计 |
| 人数 |  |  |  |  |  |  |  |  |  |

学院负责人（签名）： 学院（盖章）：