**附件1 2019年“SCP国际暑期学校项目课程”报名汇总表**

**院系（所）名称：（加盖公章） 负责人：手机：**

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| 序号 | 姓名 | 性别 | 年级 | 专业 | 平均绩点 | 课程选择 | 是否具备相关专业知识 | 英语水平 | 手机号 |
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