附件9

大赛决赛参赛项目推荐名单

填报单位（盖章）： 填报人： 联系电话：

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| **序号** | **参赛人姓名** | **学院名称** | **年级** | **参赛组别** | **学历** | **联系电话** | **备注** |
| 01 |  |  |  |  |  |  |  |
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说明：电子版发送到cxcy@lzu.edu.cn