附件2

广西医科大学2025届毕业典礼

参会回执

填报单位： 填报日期：

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| **序号** | **参会人员姓名** | **联系电话** | **人员类别（院领导、导师代表、管理人员、毕业研究生）** |
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单位联系人及电话：