附件2

厦门大学2024年暑期社会实践团队登记表

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| **学院名称** |  | | | | | | |
| **团队名称** |  | | | | | | |
| **实践地点** |  | | | | | | |
| **起止时间** |  | | | | | | |
| **实践内容** |  | | | | | | |
| **带队教师** | **姓名** | **所属单位** | | **职称（职务）** | | **联系方式** | |
|  |  | |  | |  | |
| **团 队**  **队长** | **姓名** | **专业班级** | **生源地** | | **联系方式** | | **签字确认**  **已告知家长** |
|  |  |  | |  | |  |
| **团队成员** | **姓名** | **专业班级** | **生源地** | | **联系方式** | | **签字确认**  **已告知家长** |
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