附件 2：

**巢湖学院新生入学资格初查情况一览表**

学院

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| **学号** | **专业** | **班级** | **姓名** | **性别** | **身份证号** | **考生号** | **是否合格** | **备注** |
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| **复查人（签名）：**  **学院（盖章）**  **院长（签名）**  **年** **月** **日** | | | | | | | | |

**注：1.审查合格的，填写“合格”，不合格的填写“不合格”，并在备注栏内注明原因。**