附件2

因故不能参加2020年全省中职学校学生公共基础课

普测相关情况汇总表

市州： 联系人： 电话：

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| **序号** | **学校名称** | **学校考务负责人** | | | **不能参加**  **普测人数** | **不能参加普测原因** |
| **姓名** | **联系电话** | **邮箱** |
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