附件2

在校残疾大学生辅助器具需求汇总表

填报单位： 填报人： 联系方式： 年 月 日

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 性别 | 高校名称 | 学院名称 | 所需辅具名称 | 入学年份 |
| 1 |  |  |  |  |  |  |
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