内蒙古艺术学院2019级宿舍心理委员汇总表

**学院：二级学院 填表时间： xx年x月x日 心理健康教育负责教师：xxx（姓名）13852649787（手机号）**

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| **序号** | **姓名** | **学号** | **班级专业** | **宿舍** | **性别** | **民族** | **电话号** | **微信号** | **备注** |
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