**宏國德霖科技大學 學年度 第 學期預警學生輔導名單**

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| **系(科)別** |  | **開課班級** |  |
| **課程名稱** |  | **任課教師** |  |

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| **序號** | **學號** | **姓名** | **電話或手機** | **輔導方式** |
| 1 |  |  |  |  |
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**說明：**

**1.本表如不符使用請自行複製使用。**

**2.本表填寫完畢，由專責教師影印副本於第5週前轉介任課教師，並將正本繳回教務處教務行政組。**

**專責教師簽名：**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_　　　　**系主任簽名：**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1