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| 附件： |  |  |  |
| **各部门、二级学院自查情况表**  **部门盖章：** | | | |
| **部门名称** | **检查情况** | | **整改措施** |
| **具体问题** | **无问题（打“√”）** |
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| 单位负责人： | 填报人： |  | 联系电话： |