**医学院社会实践优秀团队主要负责人加分证明**

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| 团队名称 | |  | | | | | |
| 社会实践时间 | |  | | | | | |
| 主要负责人：  （最多五位） | 学号 | | | 姓名 | | 班级 | |
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| 团队成员（不够可自行增补表格） | | | | | | | |
| 学号 | | | 姓名 | | 学院 | | 班级 |
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| 指导老师意见：  签字：  日期： | | | | | | | |
| 学院团委意见：  盖章：  日期： | | | | | | | |