附件2

毕业生及用人单位满意度调查学生花名册

学校（签章）： 单位负责人：

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **学号** | **毕业时间** | **专业** | **层次** | **手机** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |