附表1  **（学位点）论文盲审费发放明细表**

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| **序号** | **学生姓名** | **学号** | **论文名称** | **盲审单位****（专家姓名）** | **导师姓名** | **盲审费用（元）** |
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|  | 合计 |  |  |  |
| 制表人： | 学位点负责人审核（签章）： |