樹人醫護管理專科學校應用英語科補操性不足時數紀錄表

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| 學生姓名: 科別： 班級：      學年度 學期 | | | | | | | | | |
| 序 | 年 | 月 | 日 | 星期 | 服務時數 | 服務內容 | 服務地點 | 服務對象簽章 | 備註 |
| 1 |  |  |  |  |  |  |  |  |  |
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| 合計時數 | | | | |  |  | | |  |

應英科製