附件2

2024年度会中级会计资格考试免试科目申请汇总表

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| 序号 | 姓名 | 身份证号 | 会计硕士/博士专业学位证书编号 | 毕业院校 | 学位授予时间 | 联系电话 | 最终审核结果 | | 审核人签字 |
| 同意 | 不同意 |
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