附件

**特困生信息汇总表**

报送单位（院系）： （公章）

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **序号** | **专业** | **学号** | **姓名** | **学院** |
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| 经办人(签字) |  | 联系电话 |  | 分管副书记(签字) |  |