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** | | |
| 1 |  | | |  | |  | |  | | |
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| 13 |  | | |  | |  | |  | | |
| 14 |  | | |  | |  | |  | | |
| 15 |  | | |  | |  | |  | | |
| 经办人  (签字) | |  | 联系  电话 | |  | | 分管副书记  (签字) | |  |