**附件：**

**南京中医药大学新疆少数民族困难学生资助审批表**

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| 院 专业 年级 班 | | | | | | | | | | | | | | 2017-2018学年 | | | |
| 姓名 |  | | | 性别 |  | | 年龄 | | |  | | 学号 | |  | | | |
| 欠费与贷款情况 |  | | | | | | | | | | | | | | | | |
| 奖惩  情况 |  | | | | | | | | | | | | | | | | |
| 家  庭  成  员 | 称谓 | | 姓名 | | 年龄 | | | 工作单位 | | | | | | | | 每月收入 | |
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| 申  请  理  由 |  | | | | | | | | | | | | | | | | |
| 学  业  成  绩 | 第  一  学  期 | 课 程 | | | | 成 绩 | | | 第  二  学  期 | | 课 程 | | | | | | 成 绩 |
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|  | | | |  | | | 学年总平均 | | | | | |  |
| 学 院  审 核  意 见 |  | | | | | | | | | | | | 负责人  签字  （盖章） | |  | | |
| 校奖贷基金管理委员会审批意见 |  | | | | | | | | | | | | 主任签字  （盖章） | |  | | |
| 备 注 |  | | | | | | | | | | | | | | | | |

个人书面申请书附后