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| 附件4  学校奖学金初审名单 | | | | | | | | | | |  |
| **填表人： 联系方式： 二级学院（签章）： 填报日期：** | | | | | | | | | | |  |
| **序号** | **二级学院** | **姓名** | **专业班级** | **学号** | **身份证** | **农行卡** | **成绩所在年级排名** | **年级总人数** | **奖学金**  **等级** | **联系方式** | **签名** |
| 1 |  |  |  |  |  |  |  |  |  |  |  |
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