附件三

**贵州省高等学校国家励志奖学金学生初审名单**

学院名称：（公章) 填表日期： 年 月 日

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| **序号** | **学生姓名** | **公民身份号码** | **院系** | **专业** | **学号** | **性别** | **民族** | **入学年月** |
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 学院领导签字（章）： 经办人： 联系电话：

 电子信箱： 传 真：