

**学生临时困难补助申请审批表**

**（ 2018 — 2019 学年）**

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| **基本情况** | 姓名 |  | | | | 性别 | | | | |  | | | 出生年月 | | | | | |  | | | | | |
| 政治面貌 |  | | | | 民族 | | | | |  | | | 入学时间 | | | | | |  | | | | | |
| 专业 |  | | | | 学制 | | | | |  | | | 联系电话 | | | | | |  | | | | | |
| 身份证号 |  |  |  |  | |  | |  |  | |  | | |  |  |  |  |  | |  |  |  |  |  |
| **学习情况** | 成绩排名： / （名次/总人数） | | | | | | | | | | | | 实行综合考评排名：是□　　否□ | | | | | | | | | | | | |
| 必修课　　门，其中及格以上　　门 | | | | | | | | | | | | 如是，排名： / （名次/总人数） | | | | | | | | | | | | |
| **家庭成员情况** | 姓名 | 与本人关系 | | | | | | 年龄 | | | | | | 工作单位 | | | | | | | | | | | |
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| **申请理由**(200字) | 申请人签名(手签)：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | |

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| **推荐理由**  (100字) | 推荐人（辅导员或班主任）签名：  年 月 日 |
| **院**  **（部）**  **意**  **见** | 院（部）负责人签字：  （院系公章）  年 月 日 |
| **学**  **校**  **意**  **见** | 经评审，并在校内公示 个工作日，无异议，现报请批准该同学获得学生临时困难补助。    （学校公章）    年 月 日 |