附件3

**湖南科技大学2024-2025学年家庭经济困难学生汇总表**

**学院名称(盖章): 制表人: 制表日期:**

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| **序号** | **姓名** | **学号** | **性别** | **宿舍号** | **联系电话** | **家庭经济困难情况** | **认定等级** |
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| **院党委副书记审批(签字):** | | | | | | | |