**自贡职业技术学院**

**2021-2022秋季学期国家助学金评议审核意见表**

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| **序号** | **姓名** | **困难等级** | **票数** | | | | | | **备注** |
| **同意** | | | | **不同意** | **弃权** |
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| **二级学院（或班级）评议小组意见** | | | | | | | | | |
| **学生代表签字：**    **年 月 日** | | | | **辅导员签字：**  **年 月 日** | | | | | |
| **评审委员会负责人意见** | | | | | | | | | |
| **部门负责人签字：**  **年 月 日** | | | | | **分管院领导签字：**  **年 月 日** | | | | |
| **学院评审领导小组负责人意见** | | | | | | | | | |
| **院长签字：**  **年 月 日** | | | | | | **党总支书记签字：**  **年 月 日** | | | |