附件1：

学业困难少数民族学生申请帮扶审批表

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| 院系 |  | | | 姓名 |  | | | | 性别 |  | 民族 |  |
| 学号 |  | | | | 年级 |  | | | | 专业 |  | |
| 上年度学习成绩排名 | | |  | | | 联系方式 | | | | |  | |
| 挂科科目 | |  | | | | | | | | | | |
| 重修科目 | |  | | | | | | | | | | |
| 拟 报 课 程 | | | | | | | | | | | | |
| 科目名称 | | | | | | | 科目成绩 | | | | | |
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|  | | | | | | |  | | | | | |
| 申请  理由 |  | | | | | | | | | | | |
| 院系意见：  签字（盖章）  年 月 日 | | | | | | | | 学生处审批意见：  盖 章  年 月 日 | | | | |