附件3

**山西大学新疆少数民族家庭经济困难学生资助金认定表**

**学院（系）名称**

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| **序号** | **姓名** | **学号** | **专业** | **生源地** | **民族** | **是否收到学校处分** | **家庭经济困难程度** | **家庭基本情况** | **学院（系）认定等级** | **学生确认签字** |
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学院（系）党委（党总支）副书记签字：

学院（系）公章

年 月 日