附件4：

学院超学制博士生助学金申请汇总表

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| **序号** | **姓名** | **学号** | **导师** | **专业** | **预计答辩时间** | **联系电话** | **科研成果** | | | | |
| **所属阶段** | **论文名称** | **期刊名** | **发表年月** | **收录库** |
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**联系人签名： 学院负责人签名：**

**联系电话： 学院公章**

**年 月**