**附件2：**

**福州大学“同观助学金”汇总表**

单位：（盖公章） 年 月 日

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| 序号 | 姓名 | 性别 | 学院 | 专业 | 学号 | 身份证号 | 籍贯 | 综合测评（/） | 及格课程数（/） |
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