**南京医科大学研究生一等学业奖学金评定表**

**( 年度)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **基本情况** | 姓名 |  | | | 性别 | | | |  | | | | 出生年月 | | | | |  | | | | | |
| 政治面貌 |  | | | 民族 | | | |  | | | | 入学时间 | | | | |  | | | | | |
| 基层单位 |  | | | 专业 | | | |  | | | | 攻读学位 | | | | |  | | | | | |
| 导师 | | | | |  | | | | | |
| 学制 |  | | | 学习阶段 | | | | □硕士 | | | | 学号 | | | | |  | | | | | |
| □博士 | | | |
| 身份证号 |  |  |  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  |  |  |
| **申请理由** | 申请人签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | |

|  |  |
| --- | --- |
| **学**  **院**  **意**  **见** | **同意推荐研究生学业一等奖学金**  **负责人签名: 单位公章:**  **年 月 日** |
| **研究生院审核**  **意见** | **（同意、不同意）授予\_\_\_\_\_\_等奖学金**  **年 月 日** |
| **备注** |  |