附件3：

**南京中医药大学2020年度学费减免送审表**

学院： 　　　　 （盖章）

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| **序号** | **姓 名** | **班 级** | **入学时间** | **学 号** | **减免金额** | **贫困等级** | **银行卡号** |
| **1** |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |
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| **13** |  |  |  |  |  |  |  |
| **14** |  |  |  |  |  |  |  |
| **15** |  |  |  |  |  |  |  |
| **16** |  |  |  |  |  |  |  |
| **17** |  |  |  |  |  |  |  |
| **18** |  |  |  |  |  |  |  |
| **19** |  |  |  |  |  |  |  |
| **20** |  |  |  |  |  |  |  |
| **合计** |  （元） |  |

送审人：（签名）