附件3

丽水学院大学生学科竞赛获奖名单

竞赛名称：

承办单位：（盖章） 项目负责人：（签字）

二级学院审核人：（签字） 获奖时间： 年 月 日

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| **序号** | **获奖学生****学号** | **获奖学生****姓名** | **所在二级学院** | **所在班级** | **获奖等级** | **指导教师** |
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注：A、B类竞赛校内选拔赛及C类竞赛获奖证书盖章需填写此表。