附件3

**超过最长学习年限研究生信息汇总表**

**培养单位：**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 学号 | 姓名 | 入学年月 | 专业 | 层次（硕/博） | 导师 | 个人意愿 | 备注 |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

 填表人签字： 培养单位负责人签字： 单位公章：