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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 附件5  **2024届成人教育符合毕（结）业条件学生人数汇总表** | | | | | | | | | | | |
| 校外教学点名称（公章）： 填表日期： 年 月 日 | | | | | | | | | | | |
| **毕结业结论** | | **年级** | | | **专升本** | | | **专科** | | **小计** | **备注** |
| **毕业** | |  | | |  | | |  | |  |  |
| **结业** | |  | | |  | | |  | |  |  |
| **结业换证** | |  | | |  | | |  | |  |  |
| **合计** | |  | | |  | | |  | |  |  |
|  |  | |  |  | |  |  | |  | |  |
|  |  | |  |  | |  |  | |  | |  |
|  | 经办人签字： | | |  | |  | 负责人签字: | | | |  |