附件6

**2025-2026**学年 学院研究生会工作人员信息汇总表

学院名称（公章）： 填报人及联系电话： 填报时间： 年 月 日

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **学号** | **姓名** | **年级** | **部门** | **职位** | **任职开始时间** | **任职结束时间** |
| 12345678990 | 张三 | 2024级 | 办公室 | 部长 | 2025-09-01 | 2026-09-01 |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |