附件5

济宁医学院2024届校级优秀毕业生初选名单

学院名称（盖章）： 经办人： 负责人： 日期：

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| **序号** | **学院** | **学号** | **姓名** | **综合测评名次/总人数** |
| *示例* |  | *务必填写准确* |  | *3/65* |
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备注：评选时按入校以来所有成绩综合测评。