**常州大学2023年江苏省生源地信用助学贷款学生申请资格审查表**

**（限江苏籍非毕业班首次贷款学生）**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **借款人（学生）信息：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 身份证号 | | |  | | | | | | | | | 姓 名 | | | |  | | | | | | | | | 出生年月 | | | |  |
| 性 别 | | |  | 民 族 | | | |  | | | | 户口性质 | | | | □城镇户口 □农村户口 | | | | | | | | | | | | | |
| 联系电话 | | |  | | | | | 邮 箱 | | | |  | | | | | | | | | | | | 手 机 | | |  | | |
| 即时通讯（QQ） | | |  | | | | | | | | | 邮政编码 | | | | |  | | | | | | | | | | | | |
| 入学前户籍 | | |  | | | | | | | | | 通讯地址 | | | | |  | | | | | | | | | | | | |
| **共同借款人（家长）信息：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 |  | | | | 家庭电话 | | | |  | | | | | | | 与学生  关系 | | | | | | □父 □母 □近亲属 □其他 | | | | | | | |
| 身份证号 |  | | | | | | | | 手机号码 | | | |  | | | | | | | | | 健康状况 | | | | | | □健康 □患病 | |
| 邮政编码 |  | | | | | | | | 家庭  详细地址 | | | |  | | | | | | | | | | | | | | | | |
| 户籍所在地 |  | | | | | | | | 工作单位 | | | |  | | | | | | | | | | | | | | | | |
| **就学信息：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 专 业 | |  | | | | | 学 制 | | | |  | | | 毕业年度 | | | | |  | | | | 学历 | | | □硕士 □本科 | | | |
| 学 号 | |  | | | | | 专业学科类别 | | | |  | | | | | | | | | | 班 级 | | | | |  | | | |
| **申请贷款信息：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申请学年 | | 2023-2024学年 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申请年限 | | 最长贷款期限为“**剩余学制加15年但不超过22年**”，具体参考见通知。  □6 □7 □8 □9 □10 □11 □12 □13 □14 □15 □16 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 贷款金额 | | 研究生不超过16000元 | | | | 申请起始学年 | | | |  | | | | | 困难  类型 | □ 低收入 □ 纯农户 □ 双下岗  □ 低保户 □ 重病户 □ 无收入  □ 烈士子女 □ 孤儿 □ 因灾致困  □ 其他 | | | | | | | | | | | | | |
| 申请结束学年 | | | |  | | | | |
| 贷款  详细原因 | |  | | | | | | | | | | | | | | | |  | | **贷款承诺**  **以上信息由申请学生本人填写，确认无误并承诺暑期回当地教育局办理贷款后请签名。**  学生签名： | | | | | | | | | |
| 此表仅限江苏籍非毕业班首次贷款学生填写 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**辅导员审核（签字）： 学院意见（盖章）：**

**学院研工负责人签字： 年 月 日**