台州广播电视大学学生缓缴学费申请表

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| 姓名 | |  | | 身份证 | | |  | | | 学院 | |  | |
| 家庭住址 | | | |  | | | | | | | | | |
| 联系电话 | | | |  | | | | | 班级 |  | | | |
| 本学年应缴学费金额 | | | | |  | | | | 申请缓交金额 | | |  | |
| 缓交期限 | | | | |  | | | | | | | | |
| **申请缓交学费的原因** | **签名：**  **年　　月　　日** | | | | | | | | | | | | |
| 班主任意见 | | |  | | | 学院院长  意见 | |  | | | 财务校长意见 | |  |