意见征询汇总表

**院（部）、部门名称：**

| **序号** | **文件名称** | **调整类型** | **意见和建议** |
| --- | --- | --- | --- |
| 1 |  | **修改** | **1、**  **2、**  **3、** |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |