**中北大学朔州校区本科生学籍异动学生初修课程申请表**

申请日期： 年 月 日

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| **姓名** |  | | **班级** |  | | **学号** | |  | **联系电话** |  | |
| **管理部** |  | | | | | **专业** | |  | | | |
| **初修课程** | | | | | | | | | | | |
| **课程号** | | **课程名称** | | | **学分** | | **跟修班级** | | **跟修任课教师** | | **备注** |
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| **任课教师意见：**    **签字：**  **年 月 日** | | | | | | | | | | | |
| **教学工作部意见：**  **签字：**  **年 月 日** | | | | | | | | | | | |

**备注：本表一式2份，由学生本人填写完成，报任课教师及教学工作部留存。**