**课程重修考试申请**

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| **学 院** |  | **专 业** |  |
| **姓 名** |  | **班 级** |  |
| **学 号** |  | **联系方式** |  |
| **申请理由** | 签字:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_年\_\_\_\_月\_\_\_\_日 | | |
| **辅 导 员**  **审 核** | 签字:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_年\_\_\_\_月\_\_\_\_日 | | |
| **学院审核** | 签字或盖章:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_年\_\_\_\_月\_\_\_\_日 | | |
| **教 务 处**  **审 核** | 签字或盖章:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_年\_\_\_\_月\_\_\_\_日 | | |