长江大学文理学院 学期学生重修申请表

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| 教学单位 |  | | 姓名 |  | | | 学号 |  | | 班级 |  |
| 专业 |  | | | 层次 | |  | | 联系电话 | |  | |
| 重修课程及班级安排 | | | | | | | | | | | |
| 课程代码 | 课程名称（全称） | | | 课程类别 | | | 课程学分 | 挂科学期 | 重修班级 | | 任课老师 |
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| **教学单位意见** | | 签字：  (盖章)  年 月 日 | | | **教务处意见** | | | | 签字：  (盖章)  年 月 日 | | |

注：本表一式三份，教学单位、教务处及任课老师各一份。