泰州学院复学学生学分抵认及补修审批表

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| 姓 名 |  | | | | 学 号 | | |  | | | 联系电话 | | |  | |
| 所在学院 |  | | | | 所在专业 | | |  | | | 休学时间 | | |  | |
| 休学前班级 |  | | | | 复学后班级 | | |  | | | 复学时间 | | |  | |
| **学分抵认情况** | | | | | | | | | | | | | | | |
| 已修读课程编号和名称 | | 学期 | 课程性质 | | | 成绩 | 学分 | | 拟抵认课程编号和名称 | | | 学期 | 课程性质 | | 学分 |
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| **学分补修计划** | | | | | | | | | | | | | | | |
| 补修课程编号和名称 | | | | 课程性质 | | | 学分 | | | 补修学期 | | | | | 备注 |
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| 经办人： 年 月 日 | | | | | | | | | | | | | | | |
| 学生确认签字： 年 月 日 | | | | | | | | | | | | | | | |
| 二级学院意见：  分管院长签字（公章）：  年 月 日 | | | | | | | | | | | | | | | |
| 教务处意见：  分管领导签字（公章）：  年 月 日 | | | | | | | | | | | | | | | |

说明：1课程性质填写：公共必修、公共选修、专业必修、专业选修；

2.学分抵认情况一经确认，不得再行更改，可在备注中说明；

3.抵认学期根据培养方案里是第几学期，按一到八学期填写。

4.补修学期请按照20XX-20XX-1或20XX-20XX-2格式填写。