**浙江工商大学重学（课程已及格的重学）申请表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 学院 | |  | | | | | | 姓名 | | | |  | | | | | 班级 | | |  | |
| 学号 | |  | | | | | | 电话 | |  | | | | | | | | | | | |
| 请在括号内打钩（√）,若存在多门课程，请填写每门课程名称、课程代码、学分。 | | | | | | | | | | | | | | | | | | | | | |
| 重修已及格课程名称1 | | | | | | |  | | | | | | | | | | | | | | |
| 上课时间 | | | | 节- 节 | | | | | | | | 地点 | |  | | 授课老师 | | | |  | |
| 重修已及格课程名称2 | | | | | | | | | | | | | | | | | | | | | |
| 上课时间 | | | | | 节- 节 | | | | | | 地点 | | | |  | | 授课老师 | |  | | |
| 任课教师意见 | | | | | | 任课教师 签名：  日期： | | | | | | | | | | | | | | | |
| 变动原因  学生签名：  日期： | | | | | | | | | | | | | | | | | | | | | |

该表格9月25日13:00前交至管理楼417刘老师，如遇到办公室关门，请门缝里放进去。