**中北大学学籍异动学生课程替换及学分认定申请表**

申请日期： 年 月 日

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | **班级** |  | **学号** |  | **联系电话** |  |
| **原学院、专业** |  | **现所在学院、专业** |  |
| **已修课程情况（原培养方案）** | **替换课程情况(现培养方案)** |
| **学年学期** | **课程号** | **课程名称** | **课程类别** | **学时** | **学分** | **成绩** | **学年学期** | **课程号** | **课程名称** | **课程类别** | **学时** | **学分** | **成绩** |
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| **学院审查意见：****签名： （教学科公章）**  **年 月 日**  | **教务处审核意见：****签名： （教务处公章）**  **年 月 日**  |