**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

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| **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** | | | | | | | |