**常州大学怀德学院**学生申请转专业审批表

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| **姓 名** | | |  | | | **性 别** | |  | | | **入学年月** | | |  | |
| **学 号** | | |  | | | **系（部）** | |  | | | **专 业 班** | | |  | |
| **申请转入系** | | | |  | | | | | **申请转入专业** | | |  | | | |
| **学 生 本 人 申 请 理 由** | | | | | | | | | | | | | | | |
| **签 名：**  **联系电话 年 月 日** | | | | | | | | | | | | | | | |
| **家长**  **意见** | **签 名：**  **联系电话 年 月 日** | | | | | | | | | | | | | | |
| **以下由学生所在系填写（课程可另附页填写）** | | | | | | | | | | | | | | | |
| **该**  **生**  **已**  **修**  **课**  **程** | | **课程名称** | | | **学时/学分** | | **成绩** | | | **课程名称** | | | **学时/学分** | | **成绩** |
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| **转 出**  **系**  **意 见** | | **负责人签字（盖章）：**  **年 月 日** | | | | | | | | | | | | | |

**（续上页）**

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| **以下由拟转入系填写（课程可另附页填写）** | | | | | | |
| **该**  **生**  **需**  **转**  **专**  **业**  **重**  **学**  **课**  **程** | **课程名称** | **学时/学分** | **课程类别** | **课程名称** | **学时/学分** | **课程类别** |
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| **拟转入系**  **意 见** | **拟转入专业** |  | | **拟转入班级** |  | |
| **负责人签字（盖章）：**  **年 月 日** | | | | | |
| **教务处意 见** | **负责人签字（盖章）：**  **年 月 日** | | | | | |
| **学 院**  **审 批** | 院务会审议结果：  会议纪要文号： | | | | | |

**注：此表请用A4纸正反打印，一式三份，教务处、转出系、转入系各一份。**

**此表为休学创业或退役后复学转专业申请专用表格。**