**附件1：**

**重修申请确认表**

**院（部）（盖章）： 日期：**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | 学号 |  | | 班级 | |  |
| 班主任 | |  | | 学生联系电话 | |  | |
| 序号 | 重修课程（代码/名称） | | | 课程承担单位 | | 任课教师 | |
| 1 |  | | |  | |  | |
| 2 |  | | |  | |  | |
| 3 |  | | |  | |  | |
| 4 |  | | |  | |  | |
| 5 |  | | |  | |  | |
| 6 |  | | |  | |  | |
| 7 |  | | |  | |  | |