附件4

毕业生课程（重修）离校自修申请表

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| **姓名** |  | | **学号** | |  | | | **班级** | |  |
| **联系方式** | | **电话：**  **邮箱：**  **QQ：** | | | | | | | | |
| **学习指导教师** | |  | | | | | | | | |
| **申请离校自修课程情况** | | | | | | | | | | |
| **课程名称** | | | | **课程代码** | | **学分** | **任课教师** | | **任课教师意见** | |
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| **学分总计** | | | | | |  | | | | |
| **系部审核意见** | | **签字（盖章）：**  **年 月 日** | | | | | | | | |
| **教务处审核意见** | | **签字（盖章）：**  **年 月 日** | | | | | | | | |

**备注：**1、学生填报本申请表前应明确知晓相关要求；

2、所有申请离校自修课程须由学习指导教师和任课教师签字认可。