**重庆大学结业生结业课程补考申请表**

学院 专业 级 班 学号

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| 姓 名 |  | | | 性别 |  | 出生年月 | |  | | | | | 民族 |  | | 政治面貌 | | |  |
| 结 业 时 间 | |  | | | | | | | | | | | | | | | | | |
| 联 系 地 址 | |  | | | | | | | | | 联 系 电 话 | | | | |  | | | |
| 申  请  理  由 |  | | | | | | | | | | | | | | | | | | |
| 补 考 课 程 名 称 | | | | | | | 学 分 | | 补 考 课 程 名 称 | | | | | | | | | 学 分 | |
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| 学  院  意  见 | 教学院长签字（公章）: 年 月 日 | | | | | | | | | | | | | | | | | | |
| 教 务 处 意 见 | | |  | | | | | | | | | | | | | | | | |
| 换发毕业证书号 | | |  | | | | | | | 日 期 | |  | | | 领证人 | |  | | |

**经办人： 年 月 日**