丽水职业技术学院

保留学籍申请表

编号：

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 班级 |  | 学号 | | |  | | | 姓名 | | |  | | | | | 申请保留学籍时间 | | | | |  | | |
| 身份证号 | | |  |  | |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| 本人申请理由 |  | | | | | | | | | | | | | | | | | | | | | | |
| 家长意见 | 家长签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | |
| 班主任意见 | 班主任签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | |
| 所属学院意见 | 负责人签名：  （盖章） 年 月 日 | | | | | | | | | | | | | | | | | | | | | | |
| 教务处意见 | 教务处长签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | |
| 分管院长意见 | 分管院长签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | |