**丽水职业技术学院课程重修登记表**

**所属分院：**

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| **班级** | |  | | **姓名** |  | **学号** |  | |
| **重修课程名称** | | |  | | | | | |
| **分院是否同意参加重修** | | | **负责人签名：** | | | | | |
| **重修学习记录** | **时间** | | **地点** | **节次** | **学习内容** | | | **任课教师签名** |
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| **分院是否同意参加考试** | | | **负责人签名：** | | | | | |
| **教务处**  **意见** | | |  | | | | | |

**注：1. 课程重修的听课次数必须在1/5课时以上才可参加重修课程考试。**

**2. 每次听课必须有任课教师的签名。**

**3. 请将本表于期末考试前四周交各分院，并由分院统一报教务处审批。**