学籍异动学生校内课程转换和学分认定申请表

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| **姓名** | |  | **学号** | |  | | | **学院** | |  | | **专业** | |  | | **电话** |  | |
| **该生于 年 月至 年 月在 学院 专业学习，期间修读以下课程并获相应成绩。** | | | | | | | | | | | | | | | | | | |
| 课  程  转  换  信  息 | 成绩异动前所修课程 | | | | | | | | | | 转换后课程学分及成绩 | | | | | | | |
| 课程名称 | | | 课程代码 | | 学时 | 学分 | | 成绩 | | 课程名称 | | 课程代码 | | 学时 | | 学分 | 成绩 |
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| **同意 同学（学号： ）在 学院 专业学习期间所修以上课程转换。**  **教学秘书签字： 教学院长签字：**  **动物科学技术学院（盖章）**  **年 月 日** | | | | | | | | | | | | | | | | | | |