**烟草学院转专业学生加课（删课）申请表**

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| **姓 名** |  | **学 号** |  |
| **专 业** |  | **班 级** |  |
| **性 别** |  | **联系电话** |  |
| **申****请****理****由** |  |
| **加 □ 删 □ 调 □ 课 程** 开课学期：  |
| **序号** | **课程编码** | **课程名称** | **任课教师** | **教师上课班号** |
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学生签字：

日期：