**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：