附件5

**转专业学生修读课程核对通知书**

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| **姓名** | | | | **学号** | | | |
| **原专业** | | | | **转入专业** | | | |
| **己修读课程及学分** | | | | **转入专业己开设的课程及学分** | | | |
| **课程名称** | **学时** | **学分** | **备注** | **课程名称** | **学时** | **学分** | **备注** |
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| **本人己在学院老师的指导下了解转入专业人才培养方案要求，承诺补修转入专业所需课程及学分，并按转入专业人才培养方案的要求进行毕业资格审核。**  **学生本人签字：**  **教学副院长签字：**  年 月 日 （学院公章） | | | | | | | |

注：本表一式三份，教务处、学院、学生本人各一份。备注一列中请标明此门课程是否应补修。