**苏州医学院学生委托选课申请表**

**2022-2023 学年第 二 学期**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **学 号** |  | | | **姓 名** |  | | |
| **学 院** |  | | | **班 级** |  | | |
| **补选课程信息** | | | | | | | |
| **课程代码** | **课程名称** | **任课教师** | **上课时间** | | | **上课地点** | **是否课程冲突** |
|  |  |  |  | | |  |  |
|  |  |  |  | | |  |  |
|  |  |  |  | | |  |  |
|  |  |  |  | | |  |  |
|  |  |  |  | | |  |  |
|  |  |  |  | | |  |  |
|  |  |  |  | | |  |  |
|  |  |  |  | | |  |  |
|  |  |  |  | | |  |  |
| **委托选课理由** | | | | | | | |
| 学生签字： 手机号码： 申请日期： | | | | | | | |
| **办理情况** | | | | | | | |
| 办理人员： 日期： | | | | | | | |