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| --- | --- | --- | --- | --- | --- | --- |
| 姓名Name |  | | 学号ID |  | 手机号Mobile |  |
| 院系School |  | | | | 导师Supervisor |  |
| **申请成绩复核课程信息 Information on the Course Requested** | | | | | | |
| 课程名称Course Name | |  | | | | |
| 课程代码Course Code | |  | | | | |
| 教学班号Teaching Class | |  | | | | |
| 授课教师Instructor | |  | | | | |
| **申请原因与诉求 Reason and Request**  学生签名Signature 日期Date: 2020-03-04 | | | | | | |
| **导师意见 Opinion of Supervisor**  签名Signature 日期Date: | | | | | | |
| **所在院系教务办意见 Opinion of the Graduate Office of the School**  签名Signature: （盖章Stamp） 日期Date: | | | | | | |
| **研究生院意见 Graduate School Review**  签名Signature （盖章Stamp） 日期Date: | | | | | | |
| **开课院系确认反馈 Feedback from the Responsible School**  任课教师签名Instructor Signature  主管领导签名Signature of Dean in Charge 日期Date： | | | | | | |
| **研究生院处理意见 Final Review by the Graduate School**  签名Signature 日期Date: | | | | | | |

**说明：**研究生课程成绩复核申请由研究生填写签字，请导师签署意见后送交院系研究生教务办；本表须在新学期开课2周内提交院系研究生教务办。院系审核后，送交研究生院培养办。申请时应附必要证明材料。