补考（补答辩）申请表

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| **姓名** |  | **学号** |  | **专业年级** |  |
| **补考（补答辩）科目** |  | | | | |
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| **申请人签字：** **申请时间：** 年 月 日 | | | | | |
| **学院（系、部）审批意见：**  **院长（主任）签字：**  年 月 日 | | | | | |