**亞洲大學學士後獸醫學系**

**課程抵免申請單**

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| **班級** | |  | | | | | **學號** | |  | | | |
| **姓名** | |  | | | | | | | | | | |
| **欲抵免課程名稱** | |  | | | | | | **必/選修** | | |  | |
| **欲申請課程抵免原因** | | **□ 課程名稱修改 □ 課程學分數異動**  **□ 課程重修 □ 要重修時與當學期必修課衝堂**  **□ 其他\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | |
| **欲修習課程** | | | | | **欲抵免課程** | | | | | | | |
| **課程時間** | **課程名稱** | **開課單位** | **必/選修** | **學分數** | **課程代號** | **課程名稱** | | | | **必/選修** | **學分數** | **任課老師簽名** |
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| **備註:**   1. **本表格僅供認抵後獸醫系所開設課程使用。** 2. **有關課程認抵規定，需依照亞洲大學學士後獸醫學系課程學分認定作業要點。** 3. **請提供成績單及當學期課表。** 4. **其餘未盡事宜，以本系系務會議決議修正。** | | | | | | | | | | | | |

**申請人簽名:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 系主任簽名:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**