附件1

台州科技职业学院学生转专业申请表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | | | | 性别 | | | |  | 出生年月 | | | 年 月 日 | | | | | | |
| 所在学院 | |  | | | | | | | | | 专业 |  | | | | | 年级 | | |  | |
| 学号 | |  | | | | | | | | | 班级 |  | | | | | 电话 | | |  | |
| 申请转入专业 | | | | 专业志愿1 | | | | | | |  | | | | | | | | | | |
| 专业志愿2 | | | | | | |  | | | | | | | | | | |
| 申请转专业理由： | | | | | | | | | | | | | | | | | | | | | |
| 签 字： 年 月 日 | | | | | | | | | | | | | | | | | | | | | |
| 转出二级学院意见 |  | | | | | | | | | | | 转入二级学院意见 |  | | | | | | | | |
| 院长签字： | | | | | | | | | | | 院长签字： | | | | | | | | |
|  | |  | | 年 |  | | 月 |  | 日 | |  |  | | 年 | |  | 月 |  | 日 |
| 教务处意见 | 签 字：  年 月 日 | | | | | | | | | | | | | | | | | | | | |
| 备注 | 1.学生转专业办理时间为一年级第一学期末和第二学期末。  2.学生将本《申请表》交所在二级学院审核同意后，统一交拟转入学院根据考核办法和录取条件，择优录取，拟定录取学生名单报教务处。 | | | | | | | | | | | | | | | | | | | | |