**南昌大学跨校课程学分认定及成绩转换申请表**

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| **学 院** | |  | | | | **专业班级** | |  | | |
| **姓 名** | |  | | | | **学 号** | |  | | |
| **联系方式** | |  | | | | | | | | |
| **转 换 课 程** | | | | | | | | | | |
| **校外课程名称** | | | **学分** | **成绩** | **校内课程名称** | | **校内课程号** | | **学分** | **成绩** |
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| **学**  **院教务办**  **意**  **见** | **学院教学管理人员签名： 年 月 日** | | | | | | | | | |
| **学院意见** | **学院负责人签名： 学院盖章 年 月 日** | | | | | | | | | |
| **备**  **注** |  | | | | | | | | | |

**备注：此表一式三份，教务处、学院教务办、学生本人各一份。**