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| **本科生转系（转专业）审批表** | | | | | | | | | | | |
| **姓名** |  | | | **学号** |  | | | **身份证号** | |  | |
| **联系电话** | |  | | | | **行政班级** | | |  | | |
| **现所在专业** | | |  | | | | **申请转入专业** | | | |  |
| **申请理由（学生填写，附学生成绩单）：**      **本人签字：**  **年 月 日** | | | | | | | | | | | |
| **转入专业意见：(如有考核，请附结果)**  **专业负责人签字：**  **院（系）负责人签字：**  **年 月 日** | | | | | | | | | | | |
| **教指委讨论结果：（由教学工作部负责填写）**  **填写人：**  **年 月 日** | | | | | | | | | | | |