江西师范大学成绩更正申请表

**编号：**

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| **课程名称** | |  | | **课程号** |  | | **任课教师** |  | | **开课学期** | |  | |
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| **更正前成绩** | | | | | | | **更正后成绩** | | | | | | |
| **学号** | **姓名** | | **平时** | **实践** | **理论** | **总评** | **平时** | **实践** | **理论** |  | **总评** | |  |
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| **任课教师更正原因：**       **任课老师签字：**  **年　　　月　　　日**  **教学秘书：**  **年　　　月　　　日** | | | | | | | | | | | | | |
| **课程管理单位意见：**         **负责人（盖章）：**  **年　　　月　　　日** | | | | | | | | | | | | | |
| **教务处意见：**       **负责人（盖章）：**  **年　　　月　　　日** | | | | | | | | | | | | | |
| **领导批示：**       **年　　月　　　日** | | | | | | | | | | | | | |