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| **本科生转系（转专业）审批表** | | | | | | |
| **姓名:** |  | **学号：** |  | **身份证号：** | |  |
| **所在专业** |  | | **申请转入专业** | |  | |
| **申请理由（学生填写，附相关资料）：** | | | | | | |
| **本人签名：** | | | | | | |
| **原系（专业）意见：** | | | | | | |
|
| **系负责人签名：** | | | | | | |
| **申请转入系（专业）意见：（如有考核请附结果）** | | | | | | |
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| **系负责人签名：** | | | | | | |
| **教学指导委员会结论：** | | | | | | |
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| **主席签名：** | | | | | | |