**亞洲大學醫學檢驗暨生物技術學系**

**課程抵免申請單**

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| **班級** | |  | | | | | **學號** | |  | | | |
| **姓名** | |  | | | | | **連絡電話** | |  | | | |
| **已修習課程** | | | | | | | **欲抵免課程** | | | | | |
| **課程代號** | **課程名稱** | | **開課系所** | **修課學期** | **分數** | **學分數** | **課程代號** | **課程名稱** | | **必/選修** | **學分數** | **任課老師簽名** |
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| **備註:**   1. **本表格僅供認抵醫技系所開設課程使用。** 2. **有關課程認抵規定，需依照亞洲大學醫學檢驗暨生物技術學系課程學分認定作業要點** 3. **辦理認抵，須提供「成績單」當作佐證** 4. **其餘未盡事宜，以本系系務會議決議修正。** | | | | | | | | | | | | |

**申請人簽名:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 系主任簽名:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**