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| 附件3 |  |  |  |  |
| **2016～2017学年第二学期取消期末考试资格学生名单** | | | | |
| **系盖章：** | | | **填表人：** | **年 月 日** |
| 课程名称 | 课程班号 | 主讲教师 | 学生信息 | |
| 学号 | 姓名 |
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| 注：1.为便于汇总，请完整填写学生信息. | | |  |  |
| 2.本表以课程为单位填写。 | |  |  |  |
| 3.学生缺课累计超过教学时数1/3者,请敦促教师告知学生取消期末考试资格。 | | | | |
| 4.选修课从开学第2周算起，必修课从第1周算起。 | | |  |  |
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