附件1

**体育类课程免修名单**

**学期：20 -20 - 退伍/校队（请在相应类型打“√”）**

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| **姓名** | **学号** | **网选情况** | **专业班级** | **修读学期** | **备注** |
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联系人： 联系方式：

**教练员/分团委副书记（签字）：**

**教学院长（签字）：**

**年 月 日**