



中國醫藥大學 China Medical University
_____學年度_____學期 研究生 課程變動替代方案申請書
Alternative Curriculum Application for Graduate Students
(_____Academic Year _____Semester)

系所/Institute : _____

說明/Explanation :

一、因各系所課程變動而致無法重、補修原訂科目名稱或所缺部份學分者，需填寫本申請表辦理選課以抵免之。

Students who are unable to retake courses (under specific designations) in order to obtain the required credits for graduation due to curriculum changes in their departments are required to fill out this application to have the relevant course requirements waived and alternative course requirements established.

二、各系所對課程之學分數皆有不同規範，為顧及學生權益，請系(所)務必先行瞭解相關規定。

Each department and graduate institute has its own credit hour requirements. The relevant department or graduate institute is asked to take these requirements into careful consideration to ensure that the students' interests are served.

學 號 Student ID	學生姓名 Student Name	已修課程(學分) Completed Courses (credits)	替代原因 Reason(s) for Alternative	應修課程(學分) Required Courses (credits)	授課教師 簽 名 Instructor's signature
系/所承 辦人 Department personnel			系/所 主 管 Head of the Department		
研究生事務處 承辦人 Personnel of Graduate Student Affairs		研究生事務處 副事務長 Associate Dean of Office of Graduate Student Affairs		研究生事務處事務長 Dean of Office of Graduate Student Affairs	