臺中市大里區崇光國民小學調課申請單

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| 申請日期  中華民國  年 月 日 | | | | | | 申請人  姓名  聯絡電話 (分機或手機) | |  | | | 申請人職別 | | | □主任 □組長  □導師 □科任 | | |
| 申請事由 | | | |  | | | | | | | | | | | | |
| 已聯絡對調科目授課教師 □是 □否 | | | | | | | | | | | | | | | | |
| 原 定 課 程 | | | | | | | | | | 對 調 課 程 | | | | | | |
| 日期 | | 星期 | 節次 | | 班級 | 科目 | 原定課程任課教師 | | **請畫出**  **箭頭指示** | 日期 | | 星期 | 節次 | 班級 | 科目 | 對調課程任課教師 |
| 月 | 日 | 月 | 日 |
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原授課教師簽名：

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| **核章** | **教學組長** |  | **教務主任** |  | **校長** |  |