臺北市立大安高級工業職業學校進修部

學年度第 學期

兼課調換申請表

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| **申請人簽章** | | |  | | | | | | |
| **申 請 日 期** | | |  | | | | | | |
| 班級 | 原兼課時間 | | | 班級 | | 對調時間 | | | |
| 星期 | 節次 | 科目 | 星期 | 節次 | 科目 |  |
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| 核章 | 教學組 | | | | 進修部主任 | | | | |
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※本表核章完畢請於9/1(五)22:00前擲回進修部教學組。