附件一：

公共体育课程特殊处理申请表

学院 专业 级 班 学号

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | 性别 |  | 出生日期 |  | | 政治面貌 |  |
| 联系电话 | |  | | | | | 民族 |  | |
| 申  请  原  因 |  | | | | | | | | |
| 医  院  证  断 | 结论：  是否能参加游泳学习：是 □ 否 □  医生签字： | | | | | | | | |
| 学 院  意 见 | 教学副院长签字： 年 月 日 | | | | | | | | |

学院经办人： 年 月 日

附件二：

XXXX学院公共体育课程特殊处理汇总表

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **学号** | **姓名** | **班级** | **学院** | **电话** | **类型** | **备注** |
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注：

类型：A.特殊体质不能参加体育课学习；B.民族习惯不能游泳；C.因病不能游泳