

# Application for Course-retaking/Retest

(For students in the English-taught programs)

中国药科大学留学生重修/补考申请表（英文授课学生）

Name/护照名		Gender/性别		Nationality/国籍	
Degree/学生类别		Major/专业		Student ID/学号	
课程名称/Course name	学分/ Credits	课程类别 Course type	课程所在学期/Semester		
			_____ semester, _____ to _____ year		
			_____ semester, _____ to _____ year		
			_____ semester, _____ to _____ year		
Reasons/事由	Retaking 重修 <input type="checkbox"/> Retest 补考 <input type="checkbox"/>				
	Signature/学生签名 日期/Date				
Comments of the instructor 任课教师意见	Signature/签字 (Stamp/部门盖章) Date/日期				
Comments of International office 国际交流合作处 意 见	Signature/签字 (Stamp/部门盖章) Date/日期				

International Students Office, Office of International Exchange and Cooperation

Email: [international-edu@cpu.edu.cn](mailto:international-edu@cpu.edu.cn)

Tel: 0086-25-8618-5423

注：本表一式二份，经审核盖章后，国际处留学生招生管理科备案一份，申请者本人留存一份。每学期开学第一周为申请时间，逾期将不再受理。

Note: This form is to be completed in duplicate, with one being submitted to the Office and another kept by the applicant after being approved and stamped. The application should be submitted within the first week of each semester and late submission will not be processed.