楚雄师范学院恢复入学资格申请表

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| --- | --- | --- | --- | --- | --- |
| 姓名 |   | 性别 |   | 录取专业 |   |
| 家庭地址 |   | 联系电话 |   |
|  申请恢复入学资格事由   |      申请人签字：        申请人家长签字         年   月   日 |
|   医学诊断鉴定 |     鉴定人签字：            （公章）                                                年   月   日 |
|  学生所属学院 意见  |                                负责人签字：            （公章）                                                 年   月   日 |
|  团学工作部 意见  |                                 负责人签字：            （公章）                                                 年   月   日 |
|  教务处 意见  |                                  负责人签字：            公章）                                                 年   月   日 |
|  学校 意见  |                                   主管副院长签字：      （公章）                                                 年   月   日 |