

臺北醫學大學 學年度第 學期 開課後課程新增/異動申請表
 Taipei Medical University Academic Year Semester Application Form of Course Adjustment

申請日期/Date of 月/Month 日/Day 年/Year

開課單位 Department				課號 Course Code			
課程名稱 Course Title				學分數 Credits			
年級/班別 Grade level/ Class				必/選 Required/ Elective			
異動前 Before				異動後 After			
授課教師 Instructor				授課教師 Instructor			
上課時間 Week/ Course Unit		教室 Classroom location		上課時間 Week/ Course Unit		教室 Classroom location	
課程備註 Note				課程備註 Note			
原因(請詳填) Reason in detail	茲因 Due to _____, 故須新增/異動課程。 Need to adjust this course.						
主授教師 Instructor	開課單位行政教師 Administrative Advisor 【學院課程由學院經理核章】	開課單位主管 Department Chair	課務組承辦人 Curriculum Section Staff	課務組組長 Curriculum Section Chief			

註：1.本表之異動僅適用開學第 6 週起之當學期課程異動；開課後至開學第 6 週前之課程異動，請透過教務系統申請。
 This form is only applicable to course adjustment after 6th week of semester. Other adjustments are applied through Academic information system.
 2.課程公告後，即不可變動授課時間。若有必要異動上課時間及停開課程，須輔導並經該課程全體學生簽核同意(請印出選課名單或以其他形式呈現)。
 After announcement for course week and session, everyone shall not change it. If there is necessity to make modification, please having consent from all students enrolled.