花蓮縣立吉安國民中學調整課務申請單

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **原課表** | | | | | |  | **調課後課表** | | | | | |
| 節次 | 週一 | 週二 | 週三 | 週四 | 週五 |  |  | 週一 | 週二 | 週三 | 週四 | 週五 |
| 1 |  |  |  |  |  |  | 1 |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  | 2 |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  | 3 |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  | 4 |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  | 5 |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  | 6 |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  | 7 |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  | 8 |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 申請人 | 相關教師 | 教學組長 | 教務主任 |
|  |  |  |  |

備註：

1. 因教學需求調整課務者，請完成簽核後送教學組憑辦，調課時請遵守下列規則：
2. 本學期課務調整<申請單>請**繳至教學組**
3. 不可調成整天沒課或同一天同一班同一科目上3堂。
4. 欲調整課表老師請填寫課表調整單，自行協調調課老師，並於期限前將調整課表需求單送交教學組，以利印製全校課表。
5. 擬申請調整課表之教師請先與教學組研究調整可行性。
6. 申請調整課表之原因須以學生受教權為優先考量。
7. 違反排課原則之部分，教務處得拒絕申請案。
8. 擬互調課表之教師需簽名以示同意互調。