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| **15-16学年第2学期学生成绩登记表** |  |

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| 课程名称:临床实习 |  | 任课老师: |  | 学分数: | . |  |

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| 学号 | 姓名 | 评分 | 学号 | 姓名 | 评分 |
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| 成绩统计 | | | | | | |
| 等次 | 优秀 | 良好 | 中等 | 及格 | 不及格 | 缺考 |
| 90-100 | 80-89 | 70-79 | 60-69 | 59以下 |  |
| 一、请任课教师在考试结束后3天内，将成绩登记，统计好送学生所在系。 | | | | | |
| 二、登记成绩一律用蓝色或黑色钢笔书写，不及格的用红色笔书写。 | | | | | |
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| 三、成绩一律采用百分制或等级制。 | | | | | |
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| 任课教师签名: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |