**台東女中114學年度第1學期充實課程申請表**

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| 申請者 | | ■教師 □學生 | | | 開設性質 | | □原住民一般課業輔導□學習扶助 | | | | |
| 申請科目 | |  | | | 開課教師 | | (簽名) | | | | |
| 參加學生名單 | | | | | | | | | | | |
| 班級 | 座號 | | 姓名 | 班級 | | 座號 | | 姓名 | 班級 | 座號 | 姓名 |
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| 預定日期 | 預定上課時間 | 預定授課內容 | 預定日期 | 預定上課時間 | 預定授課內容 |
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| 上課地點 |  | 預定上課總時數 | 4 節 |

(每節課以50分鐘為基本單位)   
1.原住民一般課業輔導人數10人以上(需有原住民學生)才開課 2.學習扶助6人以上符合條件才開課

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| 導師 | 教學組長 | 教務主任 |