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**學生自主學習終止執行申請表**

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| **團隊名稱** |  | | | | |
| **計畫名稱** |  | | | | |
| **成員名單** | **學生姓名** | **學號** | | **系所** | **簽 名**  **(請每位成員親筆簽名)** |
| **組長** |  |  | |  |  |
| **成員1** |  |  | |  |  |
| **成員2** |  |  | |  |  |
| **成員3** |  |  | |  |  |
| **成員4** |  |  | |  |  |
| **計畫執行期程** |  | | | | |
| **終止執行原因:** | | | | | |
| **指導老師批示及簽名:** | | | | | |
| **申請學生所屬單位主管** | | | **課務組** | | |
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