**XX学院2021年本科生重选专业实施方案**

**学院(盖章)：**  **年** **月** **日**

**一、实施计划**

**2019级：**

| **序号** | **专 业** | **拟接收**  **人数** | **必要条件** | | **考核方案与录取办法** | |
| --- | --- | --- | --- | --- | --- | --- |
| **第一类** | **第二类** | **第一类** | **第二类** |
| 1 | 专业名称(专业代码) |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |

**2020级：**

| **序号** | **专 业** | **拟接收**  **人数** | **必要条件** | | **考核方式与录取办法** | |
| --- | --- | --- | --- | --- | --- | --- |
| **第一类** | **第二类** | **第一类** | **第二类** |
| 1 | 专业名称(专业代码) |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |

**二、咨询方式**

**咨询电话：**

**咨询时间：**

**咨询地点：**

**咨询邮箱：**

**接待老师：**