附件

考试成绩复核申请表

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| 学 号 |  | | | | | | 申请人姓名 | | | | | |  | | | | | |
| 身份证号 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 学院（部） |  | | | | | | | | 联系电话 | | | |  | | | | | |
| 考试时间 | 课程名称 | | | | | | | | | | | | 公布成绩 | | | | | |
|  |  | | | | | | | | | | | |  | | | | | |
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| 申请复核理由：  申请人签名：  申请日期： 年 月 日 | | | | | | | | | | | | | | | | | | |