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| 附件：  复查申请表 | | | |
| **准考证号** | | **姓名** | **报考专业** |
|  | |  |  |
| **科目代码** | **科目名称** | **原始成绩** | **联系电话** |
|  |  |  |  |
| 申请复查理由： | | | |
| 考生签名： 申请日期： | | | |
| 注:只限复查一门科目 | | |  |
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