附件 1

四川省高等教育自学考试成绩复核申请表

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 申请人姓名 |  | | 准考证号 | |  | |
| 参加考试县  （市、区）及 考点名称 |  | | | | | |
| 课程名称 | 课程代码 | 考场号 | | 考试时间 | | 考试成绩 |
|  |  |  | |  | |  |
|  |  |  | |  | |  |
|  |  |  | |  | |  |
|  |  |  | |  | |  |
| 申请复核原因及理由： | | | | | | |
| 申请人签名：  申请人联系电话： | | | | | | |