**考试成绩复核申请表**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 姓名 |  | 身份证号 | |  |
| 联系电话 |  | | | |
| 复核考试名称及批次日期 | | |  | |
| 准考证号 | | |  | |
| 复核理由： | | | | |