附件

江苏省2020年8月高等教育自学考试

成绩复核申请表

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| 申请人姓名 |  | | 准考证号 | |  | |
| 身份证号 |  | | 所属区县 | |  | |
| 考试时间 | 课程代码 | 课程名称 | | 考试号 | 考场号 | 公布成绩 |
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| 申请复核理由：  申请人签名：  申请人联系电话： | | | | | | |