附件

江苏省2024年10月高等教育自学考试

成绩复核申请表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 准考证号 |  | | | | | | | 申请人姓名 | | | | | |  | | | | | |
| 身份证号 |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 所属区县 |  | | | | | | | | | 联系电话 | | | |  | | | | | |
| 考试时间 | 课程代码 | | | | 课程名称 | | | | | | | | | 公布成绩 | | | | | |
|  |  | | | |  | | | | | | | | |  | | | | | |
|  |  | | | |  | | | | | | | | |  | | | | | |
|  |  | | | |  | | | | | | | | |  | | | | | |
|  |  | | | |  | | | | | | | | |  | | | | | |
| 申请复核理由：  申请人签名：  申请日期： 年 月 日 | | | | | | | | | | | | | | | | | | | |

注：1.考生如对本人成绩有异议，须持本人身份证、准考证，在规定时间内到所属区县考办登记并提交复核申请。

2.复核内容为：申请人答卷情况和相关考试信息；手写姓名、准考证号是否与条形码相符；是否有漏评；科目总分是否等于各题得分之和。

3.未按规定时间和方式提出的复核申请不予受理。