**附件**

**同济大学2024年博士研究生复试成绩复核申请表**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **考生编号（15位）** | **姓名** | **移动电话** | **电子信箱** | | **复查科目名称** | **原始成绩** |
|  |  |  |  | | **复试成绩** |  |
| **证件号码** | | **报考院系名称** | | **报考方向名称** | | |
|  | |  | |  | | |
| **复查理由** | |  | | | | |
| **备注** | |  | | | | |

**有效居民身份证（正、反面）扫描件添加在下方空白处：**