**福建师范大学社会历史学院**

**2017年一志愿考生参加复试确认表**

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| **姓名** |  | | **性别** |  | | **出生年月** | | |  | | | | | **政 治面 貌** |  |
| **考生编号(15位）** |  | | | | | | **报名号(9位）** | | | | |  | | | |
| **报考专业代码、专业名称** |  | | | | | | **身份证号** | | | |  | | | | |
| **学习或工作单位** |  | | | | | | | | | | | | | | |
| **本人联系方式** | |  | | | **第二联系人**  **电话** | | | | |  | | | | | |
| **是否同意参加此次复试**  **注：请选择一处“（）”标记“√”** | | | | | | | | **同意（ ）** | | | | | **不同意（ ）** | | |
| **请进入我院复试名单的一志愿考生填写此表，并在3月22日17:00之前将含有手写签名（计算机打印签名无效）的此表电子截图发送至1344049728@qq.com，未发送截图确认参加复试的考生等同于放弃复试资格。**  **手写签名：**  **2017年 月 日** | | | | | | | | | | | | | | | |