**福建师范大学  
研究生招生考试成绩复核申请表**

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| 姓 名 |  | 考生编号 | 1 | 0 | 3 | | 9 | | 4 |  |  |  |  | |  |  |  |  |  |  |
| 报考专业 |  | | | | | 联系电话 | | | | | | | |  | | | | | | |
| 电子邮箱 |  | | | | | | | | | | | | | | | | | | | |
| 科目代码 | 科目名称 | | | | | | | 网上查阅的成绩 | | | | | | | | | | | | |
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请在通知要求的截止时间前传真至0591-22867447（自动接收），逾期不予受理。

填写超过一门的，将复核填写的第一门考试科目。

考生手写签名：

年 月 日