**同济大学2025年博士研究生材料审核成绩复核申请表**

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| **证件号码** | **姓名** | **移动电话** | **电子信箱** | **复查科目名称** | **原始成绩** |
|  |  |  |  | **材料审核成绩** |  |
| **报考院系名称** | | **报考专业名称** | | | |
|  | |  | | | |
| **复查理由** |  | | | | |