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|  |  |  |  |  |  |  |  |  |  |  | **序号** |
|  |  |  |  |  |  |  |  |  |  |  | **姓名** |
|  |  |  |  |  |  |  |  |  |  |  | **班级** |
|  |  |  |  |  |  |  |  |  |  |  | **学号** |
|  |  |  |  |  |  |  |  |  |  |  | **联系方式** |
|  |  |  |  |  |  |  |  |  |  |  | **是否符合加分条件** |
|  |  |  |  |  |  |  |  |  |  |  | **是否递交阅读材料** |
|  |  |  |  |  |  |  |  |  |  |  | **日期** |
|  |  |  |  |  |  |  |  |  |  |  | **申请人签字** |
|  |  |  |  |  |  |  |  |  |  |  | **审核人签字** |

“阅读学分”登记表