附件3

四川省应用型专业25.4次省考课程考试考生签到表

主考学校: 考点名称： 监考员甲签名： 监考员乙签名：

考场编号： 时间： 年 月 日 上午/下午 ： — ： 注：考生缺考请在签到处打×符号）

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| **序号** | **姓名** | **考生签到** | **性别** | **准考证号** | **身份证号** | **课程及课码** | **备注** |
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**备注：签到表须汇总后装订成册。**