附件1：

**贵州中医药大学时珍学院综合测评认定申请表**

**学部（院）： 日期：**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | **性别** |  | **学号** |  | **年级** |  |
| **专业班级** |  |
| **加分类别** | **项目名称** | **认定分数** |  **认定时间** |  **审批人** |
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| **加分合计** |  |  |  |
| **成绩平均分** |  | **平均分折算成绩** |  | **加分折算成绩** |  | **综测总分** |  | **审批人** |  |
| 学部（院）综合测评认定小组意见：**组长签字：** |