附件2

云南省高等教育自学考试转考（转入）申请表

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| 考生kaosh姓名 | |  | | 性别 |  | 出生日期 | |  | | 一寸照片 | |
| 身份证号 | |  | | | | 联系电话 | |  | |
| 云南省准考证号 | |  | | | | 办事类型 | | 外省转入云南 | |
| 专业名称 | |  | | | | 专业层次 | |  | |
| 外省准考证号 | |  | | | | 转出地 | |  | |
| 需转入的合格课程及成绩 | | | | | | | | | | | |
| **序号** | 课程代码 | | 课程名称 | | | | 学分 | 成绩 | 合格时间 | | 备注 |
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考生主要信息及所填写转考成绩经考生本人确认无误后签名：