大仁科技大學105學年度申請入學藥學系藥學組化學試題

疑義釋復申請表

申請日期： 年 月 日（星期 ） ※收件編號：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 考試日期 | 105年 4 月 9 日（星期六） | 申請編號 |  |  | |  | |  | |  | |  | |  | |  | |  | |  |
| 考生姓名 |  | 身分證統一編號 |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| 聯絡電話 | （ ） | 手機 |  | | | | | | | | | | | | | | | | | |
| 電子郵件 |  | | | | | | | | | | | | | | | | | | | |
| 考試科目 | | | | | | | | | | | | | | | | | | | | |
| 化學 | | | | | | | | | | | | | | | | | | | | |
| 題號 | | | | | | | | | | | | | | | | | | | | |
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| 疑義內容 | | | | | | | | | | | | | | | | | | | | |
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# 考生對試題有疑義，請於4/14日前提出疑義釋復申請，請傳真至08-7626351，傳真後請來電08-7624002轉1531~1536確認。招生中心收到疑義釋復申請後，將申請書轉送藥學系審理，複查結果將以E-Mail通知考生。