附件2：

**重庆大学疫情防控志愿时长复议申请表**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** | **学号** | **学院** | **手机号码** | **QQ号码** | **申请理由** | **预期结果** | **备注** |
|  |  |  |  |  |  |  |  |

备注：请另附复议相关支撑材料。