**实验技术中心仪器培训报名表**（**导师：(必填)）**

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| **序号** | **姓名** | **院系、年级** | **联系电话** | **邮箱** |
|  |  | **例：化学系15级硕士** |  |  |
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| 导师意见 | 导师签名：日期： |
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