**实验技术中心仪器培训报名表**（**导师：(必填)）**

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