**附件二**

**课题组参加仪器培训报名表**（**导师： ）**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **参与培训的师生个人信息** | | | | | | | | |
| **序号** | **姓名** | | **学号** | **联系电话** | **需培训仪器（填序号，可多选）** | **参加培训的时段** | **备注** |
| **1** |  | |  |  |  |  |  |
| **2** |  | |  |  |  |  |  |
| **3** |  | |  |  |  |  |  |
| **4** |  | |  |  |  |  |  |
| **5** |  | |  |  |  |  |  |
| **6** |  | |  |  |  |  |  |
| **导**  **师**  **意**  **见** | | **导师签名：日期：** | | | | | | |

注：