**培训人员名单**

课题负责人姓名：

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 姓名 | 教师/研究生/本科生 | 年级 | 预约培训月份 | 联系电话 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |