**专业认证专题培训讲座人员名单**

院(部/中心)：

**【注】　拟请假者也需填报！**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 培训讲座人员 | | | | | | 拟出席情况 | | |
| 姓名 | 类型  (请打“🗸”选择，**可复选**) | | | | | (打“🗸”选择  **限选1项**) | | 请假缘由  (**请假者须填**) |
| 副院长(主任) | 系(室)主任 | 专业负责人 | 团队负责人 | 认证专业教师 | 拟出席 | 拟请假 |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |

经办人：　　　　　　　　教学副院长(主任)：　　　　　　　　院(部/中心)盖章