附件：

**参加2018级新生心理健康测评培训人员名单**

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| 二级学院: | | | | | | |
| 负责心理健康工作的老师： | | | | 电话 |  | |
| 负责心理健康测评的学生1： | | | | 电话 |  | |
| 负责心理健康测评的学生2： | | | | 电话 |  | |
| 负责心理健康测评的学生3： | | | | 电话 |  | |
| 序号 | 班级 | 姓名 | 职务 | 电话 | 是否心理协会成员 | 12月12日  签到 |
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