**附件5**

**参加“素质拓展训练”专题活动人员名单**

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| 二级学院： | | | | | | |
| 负责心理健康工作的老师： | | | | 电话： | | |
| 负责素质拓展训练专题活动的学生： | | | | 电话： | | |
| 负责素质拓展训练专题活动的学生： | | | | 电话： | | |
| 序号 | 班级 | 姓名 | 职务 | 电话 | 是否是心理协会成员 | 11月21日签到 |
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