附件：

**电镜培训申请表(教师)**

|  |  |  |  |
| --- | --- | --- | --- |
| **姓名** |  | **院系** |  |
| **手机号码** |  | **E-mail** |  |
| **学院签章** |  |

**电镜培训申请表(学生)**

|  |  |  |  |
| --- | --- | --- | --- |
| **姓名** |  | **院系** |  |
| **类型（博士/硕士/本科）** |  |
| **指导老师** |  |
| **指导老师签字** |  |
| **手机号码** |  | **E-mail** |  |