**生活指导室沙盘心理辅导专项培训报名表**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 序号 | 院 系 | 姓名 | 身份（教师/学生） | 手机 | E-mail | 备注 |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |