**附件3：**健康医疗科技学院团校暨学生干部培训个人信息登记表

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| **成都东软学院** | | | | | | | | |
| **健康医疗科技学院第一期团校暨学生干部培训学员信息登记表** | | | | | | | | |
| **姓名** |  | **性 别** | |  | **民 族** | |  |  |
| **出生年月** |  | **年级专业支部** | | |  | | |
| **本人联系电话** |  | **QQ号** | | |  | | |
| **所在部门** |  | **担任职务** | | |  | | |  |
| **提交登记表时间** |  | **团校结业时间** | | | |  | |
| **个人简介** |  | | | | | | | |
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| **支部（组织）评价** | 团支书（负责人）签字： | | | | | | | |
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| **素质教师（指导教师）推荐意见：** | | | **院团委审核意见：** | | | | | |
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