**附件2**

**第一届心理剧大赛各院系报名汇总表**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 学院名称 | 负责老师 | | 负责学生 | | | 所在学院是否设有心理类社团（若有，请填写社团名称） |
| 姓名 | 电话 | 姓名 | 电话 | 邮箱 |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |