**格式范本**

**\*\*\*\*学院（院、系、所、临床学院）**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **专业** | **人数** | **日期、具体时间** | **地点** | **联系人** | **联系方式** |
| \*\*学 | 10 | \*年\*月\*日上午9:00 | \*\*学院\*楼\*\*\*室 | \*\* | 130\*\*\*\*\*\*\*\* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |