**附件3**

**“艾滋病防治教育先进班集体” 推荐汇总表**

**学院（盖章）： 填表日期：**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **序号** | **班级** | **班会主题** | **班级负责人** | **联系方式** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **6** |  |  |  |  |