|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **系统生物医学研究院开通门禁申请表** | | | | | | | |
| 姓名 | 身份 | 联系方式 | 单位 | 卡类型 | 期限 | 开放区域 | 批准人 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

填表说明：

1. “身份”：a.教师 b.学生：\*\*级博/硕 c.访问学者 d.访问学生 e.其他（须具体说明）
2. “联系方式”：手机号；“单位”：“本院”或者其他单位名称
3. “卡类型”：校园卡（交大校内），交通卡（交大校外）
4. “期限”：本院师生的有效期与校园卡一致，院外人员填实际需要的时期，精确到“日”
5. “开放区域”：除行政和公共平台按需开通外，课题组成员原则上只开通所属课题组的区域，若需要开通其他区域，则需要该区域内的PI都签字同意
6. “批准人”：院领导（行政）、PI（课题组）或者公共平台负责人（公共平台）