附件2

课程思政示范课程、教学团队申报汇总表

推荐单位名称（公章）：

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **课程名称** | **课程负责人** | **职称** | **职务** | **邮箱** | **联系电话** | **备注** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
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