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| 附件2： |  |  |  |  |  |  |  |  |  |  |  |
| **学院（部）申报优质课堂汇总表** |
| **（ 学年 学期）** |
| **教学单位（公章）： 负责人签字： 年 月 日** |
| **序号** | **教师姓名** | **性别** | **出生年月** | **学位** | **专业** | **职称** | **课程名称** | **课程类别** | **上课班级** | **上课时间** | **上课教室** | **备注** |
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