附件2

课程思政示范课程培育项目申报汇总表

学院名称： 填表人： 联系电话：

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **序号** | **项目名称** | **负责人** | **职务/职称** | **手机** | **电子邮箱** | **团队主要成员** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |