附件3

**2023年校级课程思政示范课程结项验收汇总表**

院部（盖章）： 联系人： 联系电话：

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| **序号** | **申报单位** | **课程名称** | **典型案例名称** | **课程主讲人** | **职称** | **电话** | **课程团队成员** |
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