附件2

课程思政教学团队申报汇总表

教学单位（盖章）： 联系人： 办公电话： 手机：

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **排序** | **团队名称** | **团队负责人** | **专业技术职务** | **课程类型** | **面向专业** | **团队成员** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |