附件2

课程思政培育项目申报汇总表

系部： 联系人： 联系电话：

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **序号** | **申报专业** | **课程名称** | **课程负责人** | **职称** | **该课程讲授年限** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| …… |  |  |  |  |  |