附件1.

滨州医学院第五届教师教学创新大赛推荐教师汇总表

推荐单位： （盖章）

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **学院** | **姓名** | **性别** | **职称** | **主讲课程** | **团队成员** | **手机** | **备注** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |