附件2

成都中医药大学国际化师资教学能力提升第二阶段培训班推荐汇总表

推荐单位（盖章）： 填表日期：

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| 推荐序号 | 姓名 | 性别 | 职称 | 所在学院 | 所在教研室 | 主讲课程（填3门） | 是否符合申报条件 | 联系电话 | 备注 |
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