附件2

中医学类专业核心课程课程联盟理事候选人推荐汇总表

**学校名称：（公章）**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **年龄** | **职称/职务** | **学历/学位** | **手机号** | **电子邮箱** | **授课专业** | **推荐课程** | **推荐职务** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

联系人：

联系方式：