附件4

**云南医药健康职业学院精品视频公开课项目推荐汇总表**

部门（盖章）： 联系人：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- |
| 序号 | 课程负责人 | 课程名称 | 职称 | 团队成员 | 课程类别 | 联系电话 |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |