附件2

河南省高等学校课程思政样板课程申报汇总表

教学单位： 联系人： 办公电话： 手机：

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| **排序** | **学校** | **课程负责人** | **专业技术职务** | **课程名称** | **课程类型** | **面向专业** | **学时数** | **授课学生数** | **团队成员** |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
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