附件4

院级专创融合示范性在线开放课程申报汇总表

填报单位（加盖公章）：

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 系别 | 课程名称 | 课程类别 | 学时/学分 | 课程负责人 | 联系电话 | 教学团队成员 | 备注 |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| …… |  |  |  |  |  |  |  |  |