附件2

北京中医药大学第三批慕课建设项目申报汇总表

单位名称（公章）：

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **序号** | **学院/单位** | **所在专业** | **课程名称** | **课程负责人** | **联系电话** | **课程类型** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| …… |  |  |  |  |  |  |