附件2：

济宁医学院中青年教师教学竞赛决赛推荐统计表

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| **院（系、部）： （盖章） 负责人签字： 日 期：** | | | | | | | | |
| **推荐单位** | **姓 名** | **性别** | **年龄** | **职称** | **高校**  **教龄** | **参赛课程名称** | **授课内容（说课）** | **备注** |
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