|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 附件5  **院（系）通选课立项建设项目年度检查汇总表**  **填表人： 联系电话：** | | | | | | | | | | |
| **序号** | **院系名称** | **课程负责人** | **职称** | **课程名称** | **立项时间** | **联系电话（手机）** | **课程开设情况 重要！！务必填写！！**  **（请在对应学期填写“开课”二字，未开课请勿填写）** | | | |
| **2016-2017-2** | **2016-2017-3** | **2017-2018-2** | **2017-2018-3** |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |
| 负责人签字： 院系盖章 | | | | | | | | | | |