附件4

**通识选修课程新开课推荐申报汇总表**

**单位（盖章）：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**单位负责人（签字）：\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 填写时间：\_\_\_\_年\_\_\_月\_\_\_日**

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| **序号** | **拟开设通识选修课程名称** | **课程负责人** | **课程所属模块** |
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