附件1

**中国药科大学教师教学同行评价安排汇总表**

院部系名称（盖章）：报送时间：联系人：联系电话：

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| **受评教师姓名** | **工号** | **所在教研室** | **联系电话** | **本学期所授课程** | **听课方式（随堂、录像）** | **院教学督导姓名** | **联系电话** | **评审员**  **姓名** | **所在教研室** | **联系电话** | **备注** | **教务处审定结果** |
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院部系教师教学同行评价工作委员会负责人签字：

教务处审定盖章： 日期：