附件5

**中国药科大学教师教学同行评价结果汇总表**

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** | **评审员所听课程名称** | **教学总体评级****（评审员）** | **教学资料准备情况评级****（评审员）** | **院部系****审定评级** | **教务处再审查结果** | **备注** |
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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：

教务处审查盖章： 日期：