附件2

**优质微课征集活动推荐汇总表**

推荐单位（盖章）： 填表人： 联系方式：

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **序号** | **教师姓名** | **课程选题** | **课程名称** | **时长**  **（分钟）** | **共享师资类型** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |