附件2

各教学单位推荐汇总表

教学单位（公章）： 年 月 日

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| **姓名** | **性别** | **年龄** | **身份证号码** | **职称** | **参赛组别** | **所属教学单位** | **手机号码** | **智慧教学课程资源平台网址及账号和密码** | **参赛课题名称** |
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