学院申请通识课程汇总表

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| **序号** | **课程名称** | **负责人** | **负责人电话** | **开课校区** | **开课人数** | **所属模块** |
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| 主管教学副院长签字： | | | | | | |
| 学院盖章： | | | | | | |