附件2

广西中医药大学课程形成性评价工作检查表

**20 ~ 20 学年 上/下 学期**

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| 教研室 |  | | | | |
| 时间 | 科目 | 教师 | 专业 | 项目 | 人数 |
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| 总体情况 |  | | | | |
| 存在的问题及处理意见 |  | | | | |