**附件3**

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| **广西中医药大学学生形成性评价成绩报表** | | | | | | | | | | | | | |
| 院系（教学部门）名称： 院系审核意见 （主管院长签字） | | | | | | | | | | | | | |
| 教研室主任意见： （教研室主任签字） | | | | | | | | | | | | | |
| 课程名称： 年级、专业： 任课教师： | | | | | | | | | | | | | |
| 序号 | 学号 | 姓名 | 成绩构成要素、考核方式、分值比例 | | | | | | | | | | **总评成绩** |
| 过程考核成绩 | | | | | | | | 过程成绩 （百分制） | 期末成绩  （百分制） |
| 出勤 | 讨论 | 作业 | 调查报告 | 案例分析 | 实验报告 | 技能考核 | 其他 |
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注明：本表格不够可附页