附件1

\*\*学院申请教师教学效果评价教师汇总表

经办人签字： 学院领导签字： （公章） 填表时间：

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| 序号 | 工号 | 姓名 | 所属学院 | 申报等级 | 是否免评 | 开课学期 | 备注 |
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注：申报等级填写拟申报专业技术职务等级，开课学期填写春季学期、秋季学期或春季秋季学期均有，备注项填写符合的免评条件。