附件3

山东省中等职业教育专业教学指导方案

开发专家评审呈报表

牵头单位： 填写时间：

|  |  |
| --- | --- |
| 专业名称 |  |
| 牵头单位联系人 | 姓名 | 电话 | 电子信箱 | 邮政编码 |
|  |  |  |  |
| 本专业教学指导方案形成的主要文件资料目录 |
|  |
| 本专业教学指导方案的主要特点 |
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主要研发人员名单

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 性别 | 出生年月 | 职称或职务 | 文化程度 | 工作单位 | 主要工作内容 |
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拟邀请评审专家名单

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| --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 性别 | 职称或职务 | 工作单位 | 所从事主要工作 |
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备注：本表由牵头单位负责填写，加盖单位公章。