附件4

温州市本科高校教师教学创新团队推荐汇总表

填报单位（盖章）： 联系人： 联系电话：

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 推荐团队专业 | 团队负责人 | 专业背景 | 职务 | 职称 | 联系电话 | 电子邮箱 |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |