附件1

**新开课、开新课教师试讲落实反馈表**

**学院：（盖章）**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **序号** | **教师姓名** | **课程名称** | **试讲时间** | **试讲地点** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
|  |  |  |  |  |