**中医学院听课记录表（互听互评）**

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| --- | --- | --- | --- | --- |
| 听课教师 | |  | 被听课教师 |  |
| 所听课程 | |  | 听课时数 |  |
| 听课时间 | |  | 听课地点 |  |
| 听  课  内  容 |  | | | |
| 讲课的优势与特色 |  | | | |
| 存在的不足及改进意见 |  | | | |

注：①此文档务必认真如实填写，一式两份，分别上交教研室和学院教学科研办公室存档。

②此表须由被听课教师签字确认方被认为真实有效。

被听课教师签名：

日 期：

**中医学院互听互评记录汇总表**

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| **序号** | **教研室** | **听课教师** | **被听课教师** | **讲授课程** | **听课时间** | **听课地点** | **听课内容** | **讲课的优势与特色** | **存在的不足及改进意见** |
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