附件3

教师数字化学习特色案例汇总表

报送单位签字（加盖公章）：

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序  号 | 案例名称 | 报送单位  （具体到 院系） | 负责人 | | | | 作者或联系人 | | | |
| 姓名 | 职务 | 电话 | 邮箱 | 姓名 | 职务 | 电话 | 邮箱 |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |