**河北中医学院课程形成性评价工作登记表**

**20 ~20 学年上/下学期**

教研室： 课程名称：

任课老师： 课程序号：

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| **开展时间** | **主要内容** | **评价方式** | **评价对象** | **参与人数** | **备注** |
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| 工作总结 |  | | | | |