**山东省优质专业学位教学案例库建设项目**

**申 报 书**

**项目名称：**

**专业学位类别：**

**专业学位领域：**

**单位名称：**

**负 责 人：**

**起止时间：**

**山东省教育厅制1.基本信息**

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| 项目名称 | | | |  | | | | | | | | |
| 适用课程 | | | |  | | | | | | | | |
| 专业学位类别 | | | |  | | | | | | | | |
| 专业学位领域 | | | |  | | | | | | | | |
| 是否双语课程或全英文课程 | | | |  | | | | | | | | |
| **负 责 人 情 况** | | | | | | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 姓名 |  | 性别 |  | 出生年月 |  | | 学历 |  | 职称 |  | 专业技术职务名称 |  | | 学位 |  | 电话 |  | E-mail |  | | 所在院系（部门） |  | 职务 |  | 备注 |  | | 研究方向 |  | | | | | | | | | | | | | | | | | |
| 主要教学经历（授课名称、起止时间、授课对象等） | | | | | | | | | | | | |
| 教材编写、教学论文及教学研究、科学研究情况 | | | | | | | | | | | | |
| **项 目 组 成 员 情 况** | | | | | | | | | | | | |
| 姓名 | 性别 | | 出生年月 | | 职称 | 专家类别 | 所属专业（行业） | | 研究方向 | 主要负责内容 | | 单位及部门名称 |
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| **项 目 组 成 员 主 讲 课 程** | | | | | | | | | | | | |
| 姓名 | | 课程名称 | | | | | | 授课对象  （博士/学术型硕士/专业学位型硕士） | | | 备 注 | |
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| **2.立项依据** | | | | | | | | | | | | |
| 项目建设的意义；国内外建设概况、发展趋势；应用前景；前期已开展的相关工作；特色及创新性 | | | | | | | | | | | | |
| **3.建设方案** | | | | | | | | | | | | |
| 拟建设案例库内容 | | | | | | | | | | | | |
| 建设的进度安排 | | | | | | | | | | | | |
| 预期成果与形式 | | | | | | | | | | | | |
| 单位的政策措施 | | | | | | | | | | | | |

**4.推荐意见**

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| 负责人承诺：  我作为本项目的负责人，郑重承诺：以上所填写内容真实，并保证在立项后积极组织实施，确保项目的进度和质量。    项目负责人（签名）：  年 月 日 |
| 单位审核意见：  负责人签字： 单位盖章：  年 月 日 |