附件2

一流本科专业建设点推荐汇总表

推荐学院（加盖公章）： 教学副院长签字： 填表人：

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| --- | --- | --- | --- | --- | --- | --- |
| **序号** | **专业名称** | **专业负责人姓名** | **专业技术职务** | **行政职务** | **手机号码** | **电子邮箱** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
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