**附件2 浙江大学创新创业类课程认定表**

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| **课**  **程**  **信**  **息** | **课程中文名称** |  | | | | | | | | | | | | | 课程代码： | | |
| **课程英文名称** |  | | | | | | | | | | | | |
| **开课部门** |  | | | | | | | | | | | | | | | |
| **学分** |  | | | | **周学时** | | | |  | | | | | | | |
| **课程所属类别** | **创新创业类课程** | | | | | | | | | | | | | | | |
| **面向对象** |  | | | | **预修要求** | | | |  | | | | | | | |
| **教学班容量（人）** |  | | | | **开课学期** | | | |  | | | | | | | |
| **推荐教材** |  | | | | | | | | | | | | | | | |
| **课**  **程**  **负**  **责**  **人** | **姓名** |  | | | | **工号** | | | |  | | | | **职称** | | |  |
| **教师所在部门** |  | | | | | | | | | | | | **学位** | | |  |
| **联系电话** |  | | | **邮箱** | | | | |  | | | | | | | |
| **近三年该课任课经历** | **学年学期** | | **课程名称** | | | | | **课程代码** | | | | **学分** | | | | **评价** |
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| **主讲教师** | **姓名** |  | | **工号** | | | | |  | | | | **职称** | | | |  |
| **教师所在部门** |  | | | | | **学位** | | | |  | | | | | | |
| **联系电话** |  | | | | | **邮箱** | | | |  | | | | | | |
| **教学班容量（人）** |  | | | | | **开课学期** | | | | |  | | | | | |
| **是否与其他教师联合授课** | **□是 □否**  **注：原则上每个教学班不超过2位教师联合授课** | | | | | | | | | | | | | | | |
| **近三年该课任课经历** | **学年学期** | **课程名称** | | | | | **课程代码** | | | | | **学分** | | | **评价** | |
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| **申请认定理由** | |  | | | | | | | | | | | | | | | |
| **课程大纲** | | 请另外附件。 | | | | | | | | | | | | | | | |
| **学院（系）分管**  **领导审核意见**  **（盖章）** | | **分管领导签字：**  **年 月 日** | | | | | | | | | | | | | | | |
| **学院（系）对课程、教师意识形态相关内容（含教材）**  **审核意见**  **（盖章）** | | **意识形态第一责任人签字：**  **年 月 日** | | | | | | | | | | | | | | | |