重庆市研究生教育优质课程申报汇总表

单位:（单位盖章） 年 月 日

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| **序 号** | **课程名称** | **单 位** | **课程负责人** | | | **主要内容** | **经费保障（万元）** |
| **姓名** | **职称/职务** | **电话** |
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