附件3

**广西医科大学第四届医学专业青年教师英语授课比赛报名表**

二级学院：（盖章） 填报人： 电话

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **性别** | **出生日期** | **职称** | **学位** | **课程名称** | **授课内容** | **教研室** | **参赛教师电话** | **参赛教师邮箱地址** |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |