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| **浙江大学本科主讲教师资格申请表** | | | | | | | |
|
| **姓 名** |  | **性 别** |  | **学 历** |  | **职 称** |  |
| **E-mail** |  | | | **联系电话** |  | | |
| **拟申请主讲课程名称** |  | **课程号** |  | **学分** |  | **周学时** |  |
| **相近课程任课经历** | **（课程名称、学分、开课时间和教学评价）** | | | | | | |
| **发表相关论文** | **（论文题目、所载刊物、发表年月、刊物级别、本人排名）** | | | | | | |
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| **所在院系意见：** | | | | | | | |
| **主管教学院长（系主任）签字：**  **年 月 日** | | | | | | | |
| **学校审核意见:** | | | | | | | |
| **负责人签字:**  **年 月 日** | | | | | | | |