**附件：**

**吉林大学白求恩医学部**

**研究生医学公共课“卓越育人优质课程”**

**申 请 书**

|  |  |
| --- | --- |
| 课程名称： |  |
| 课程负责人： |  |
| 培养单位： |  |
| 联系电话： |  |
| 填报日期： |  |

白求恩医学部医学研究生办公室制

年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **一、申报课程及教学团队基本情况** | | | | | | | | | | | | | | | | | | |
| 课程  名称 | | |  | | | | | | | | | | 课内学时 | | | |  | |
| 课  程  简  介 | | | 限300字 | | | | | | | | | | | | | | | |
| 课  程  负  责  人  简  况 | | | 姓名 |  | | | | 职称 | |  | | | | | 学位 | |  | |
| E-mail |  | | | | 联系电话 | | | | | | |  | | | |
| 近三年承担研究生课程情况 | | | | | | | | | | | | | | | |
| 学期 | | | 课程名称 | | | | | | 学时 | | | | 课程性质 | | |
|  | | |  | | | | | |  | | | |  | | |
|  | | |  | | | | | |  | | | |  | | |
|  | | |  | | | | | |  | | | |  | | |
|  | | |  | | | | | |  | | | |  | | |
|  | | |  | | | | | |  | | | |  | | |
|  | | |  | | | | | |  | | | |  | | |
| 教  学  团  队 | | | 姓名 | | | 年龄 | | 职称 | | 学位 | | 所属单位或部门 | | | | | | |
|  | | |  | |  | |  | |  | | | | | | |
|  | | |  | |  | |  | |  | | | | | | |
|  | | |  | |  | |  | |  | | | | | | |
|  | | |  | |  | |  | |  | | | | | | |
|  | | |  | |  | |  | |  | | | | | | |
|  | | |  | |  | |  | |  | | | | | | |
|  | | |  | |  | |  | |  | | | | | | |
|  | | |  | |  | |  | |  | | | | | | |
| **二、课程建设方案** | | | | | | | | | | | | | | | | | | |
| （一）建设目标与建设内容  （二）本课程目前存在的主要问题及解决思路  （三）具体举措  根据建设目标、建设内容、存在问题拟定具体措施。  （四）实施计划  为期三年的建设计划与进度安排 | | | | | | | | | | | | | | | | | | |
| **三、预期成果与建设亮点** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **四、建设经费预算（包括学院配套经费）** | | | | | | | | | | | | | | | | | | |
| **序号** | | **经费开支科目** | | | | | | | | | | | | | **金额** | | | |
| 1 | |  | | | | | | | | | | | | |  | | | |
| 2 | |  | | | | | | | | | | | | |  | | | |
| 3 | |  | | | | | | | | | | | | |  | | | |
| 4 | |  | | | | | | | | | | | | |  | | | |
| 5 | |  | | | | | | | | | | | | |  | | | |
| 6 | |  | | | | | | | | | | | | |  | | | |
| **五、审批意见** | | | | | | | | | | | | | | | | | | |
| 课程负责人承诺：  本人代表本课程教学团队承诺：本表所填内容属实，同意申请吉林大学白求恩医学部“卓越育人优质课程”项目，并严格按照《吉林大学白求恩医学部“卓越育人优质课程”建设管理办法》的规定和本申请书的内容完成建设任务。  课程负责人： 日期： | | | | | | | | | | | | | | | | | | |
| 培养单位意见：  同意按此实施方案开展课堂教学，加强过程管理，及时协调解决建设过程中的问题，并创造条件保证相关成果的应用与共享。  负责人： 日期（公章）： | | | | | | | | | | | | | | | | | | |
| 医学部意见：  负责人： 日期（公章）： | | | | | | | | | | | | | | | | | | |