附件4：

2017年度示范性虚拟仿真实验教学项目推荐汇总表

院系负责人签字（盖章）： 院系 (盖 章)

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| 序号 | 实验名称 | 所属课程名称 | 专业分类 | 负责人 | 手机号码 | 邮箱 | 排序 |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
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