**附件：**

**陕西中医药大学基层教学组织情况统计表**

院系负责人签字（盖章）： 年 月 日

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| **分类** | **名称** | **负责人** | **教师人数** | **备注** |
| 教研室 |  |  |  |  |
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| 实验教学中心 |  |  |  |  |
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