附件3

**成都中医药大学眼科学院2025年度教育教学改革项目申报汇总表**

申报教研室/部门负责人签字：

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| 序号 | 所在教研室/部门 | 项目名称 | 项目负责人 | 职称 | 职务 | 电话 | 邮箱 | 项目组主要成员 | 备注 |
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