**附件3：**

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| **江西中医药大学** **开放性实验项目进度表** | | | | | | |
| 填写人：　　　　　　　　　　　　　　　　填写日期：　　　年　　月　　日 | | | | | | |
| 时间 （　月　日上午/下午/晚上从＿节到＿节） | 上课地点 | 开放实验项目内容 | 周次 | 学时 | 指导教师 | 职称 |
|  |  |  | 1 |  |  |  |
|  |  |  | 2 |  |  |  |
|  |  |  | 3 |  |  |  |
|  |  |  | 4 |  |  |  |
|  |  |  | 5 |  |  |  |
|  |  |  | 6 |  |  |  |
|  |  |  | 7 |  |  |  |
|  |  |  | 8 |  |  |  |
|  |  |  | 9 |  |  |  |
|  |  |  | 10 |  |  |  |
|  |  |  | 11 |  |  |  |
|  |  |  | 12 |  |  |  |
|  |  |  | 13 |  |  |  |
|  |  |  | 14 |  |  |  |
|  |  |  | 15 |  |  |  |
|  |  |  | 16 |  |  |  |
|  |  |  | 17 |  |  |  |
| 本部门主管教学领导意见： | | | | | | |

签章：