　　附表2

形成性考核学生成绩记录表

省级开放大学名称\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 地（市）开放大学名称\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

专业（专/本）\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_　　　\_\_\_\_\_\_\_\_\_\_\_\_\_学年度第\_\_\_\_\_学期

课程名称\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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指导教师签名：\_\_\_\_\_\_\_\_\_\_\_\_\_　日期\_\_\_\_\_\_\_\_\_\_\_\_\_

分校意见（盖章）：