**附件2：**

**虚拟仿真评审专家推荐表**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **推荐单位** |  | **姓名** |  | **性别** |  |
| **专业** |  | **职称/职务** |  | | |
| **电子邮箱** |  | **移动电话** |  | | |
| **虚拟仿真及实验教学经历与业绩（300字以内）** |  | | | | |