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| **项目申报情况汇总表** | | | | | | | |
| **序号** | **课题名称** | **学科分类** | | **申请人姓名** | **二级单位名称** | **联系电话** |  |
| 1 |  |  | |  |  |  |  |
| 2 |  |  | |  |  |  |  |
| 3 |  |  | |  |  |  |  |
| 4 |  |  | |  |  |  |  |
| 5 |  |  | |  |  |  |  |
| 二级学院分管科研领导签字： | | | |  | 二级学院盖章： |  |  |
|  |  | |  |  |  |  |  |
| 注：本表请务必填写完整，部分栏目根据实际情况可留空。 | | | | | |  |  |