附件5

衢州学院汇总表

二级学院（部）\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 课题类别 | 课题名称 | 负责人 | 所在单位 | 预期成果形式 | 是否申报重点课题 | 是否同意转为自筹经费课题 | 预计完成时间 | 联系电话 | Email |
|
| 1 |  |  |  |  |  | 是或否 | 是或否 | 年/月/日 |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |

经审核以上项目符合申报要求。

 学院（部门）审批（盖章）\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_（书记与科研副院长签字)