**2023年度实践项目工作室申请表**

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| **申请实践项目工作室房间** | | | |  | | | |
| **项目负责人情况** | | 姓名 | 年龄 | 学历 | 学位 | 职称/职务 | 联系电话 |
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| **项目名称及来源** | | | | | | | |
| **项目实施周期** | | | | | | | |
| **项目实施目标及预期成果** | | | | | | | |
| **项目实施方案** | | | | | | | |
| **项目实施团队及分工** | | | | | | | |
| 序号 | 姓名 | | 职称 | 所属中心 | 联系方式 | | |
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| **中心审批意见** | | | | | | | |
| **学院审批意见** | | | | | | | |