附件5

XX申报单位汇总表

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | 常规/后期 |  |  |  |  | 是或否 | 是或否 | 年/月/日 |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |

单位联系人： 联系方式：