附件1

浙江省学生资助调研课题申报基本信息表

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| 课题名称 | |  | | | | | | | | | | | |
| 负责人姓名 | |  | | 性别 | |  | | 出生年月 | | |  | | |
| 职称 | |  | | 行政职务 | | | |  | | | 研究专长 |  | |
| 最高学历 | |  | | | | | 最高学位 | | | |  | | |
| 手机号码 | |  | | | | | 电子邮箱 | | | |  | | |
| 工作单位 | |  | | | | | | | | | | | |
| 成员(不超过3人) | | | | | | | | | | | | | |
| 姓名 | 性别 | | 出生年月 | | 职称/职务 | | | | 研究专长 | 最高学历/最高学位 | | | 工作单位 |
|  |  | |  | |  | | | |  |  | | |  |
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