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|  | | 2020年北京中医药大学教育创新项目申请汇总表 | | | | | | |
|  | | 单位（盖章）： 填表日期： 年 月 日 | | | | | | |
| **序号** | **项目编号** | | **项目名称** | **项目负责人** | **项目主持单位** | **项目类型**  **（一般/重点）** | **联系电话** | **备注** |
| 1 |  | |  |  |  |  |  |  |
| 2 |  | |  |  |  |  |  |  |
| 3 |  | |  |  |  |  |  |  |
| 4 |  | |  |  |  |  |  |  |
| 5 |  | |  |  |  |  |  |  |