附件3

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| **学生军事训练专项课题申报汇总表**  **填表单位： （公章） 填表人： 联系电话：** | | | | | | |
| **序号** | **单位全称** | **课题名称** | **主持人** | **课题类别** | **联系电话** | |
| 1 |  |  |  |  |  | |
| 2 |  |  |  |  |  | |
| 3 |  |  |  |  |  | |
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| **注：请普通高校汇总后在填表单位栏盖学校业务主管部门公章，设区市教育局汇总后在填表单位栏盖设区市业务主管部门公章。** | | | | | | | |
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