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|  | 附件1：  **学院 “大学生创新创业训练计划”项目阶段检查安排表** | | | | | | | | |
| 单位公章： | | |  |  |  |  | |  |  |
| **项目级别** | | **项目编号** | **项目名称** | **项目**  **负责人** | **指导教师** | **专家**  **姓名** | **专家**  **职务/职称** | **时间** | **地点** |
|  | |  |  |  |  | 1. |  |  |  |
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|  | | 单位主管领导（签字）： | | | 具体工作负责人（签字）： | | | |  |