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## 开放课题基金申请书

**烟台大学**

**山东省基础科学研究中心培育基地（药学）**

**开放课题基金申请书**

**课题名称：**

**申请金额：**

**起止年月：**

**申 请 人：**

**所在单位：**

**通讯地址：**

**电 话：**

**电子邮件：**

**邮政编码：**

**申请日期：**

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| 1. **简表** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 课题名称 | | | | |  | | | | | | | | | | | | | 研究属性 | | | | A基础研究B应用基础 | | | | | | | |
| 申  请  者 | | 姓名 | | |  | | | | | | 性 别 | | | |  | | | 出生年月 | | | |  | | | | | 民族 | |  |
| 职称 | | |  | | | 最后  学位 | | | |  | | | | 获得  时间 | | |  | | | | 授予  学校 | |  | | | | |
| 专业 | | |  | | | | | | | | | | | | | | 研究方向 | | | |  | | | | | | |
| 所  在  单  位 | | 名称 | | |  | | | | | | | | | | | | | | 性 质 | | | | A高校 B研究单位  C企事业单位 | | | | | | |
| 所在地 | | | （自治区、直辖市）  （市县） | | | | | | | | | | | | | | 主管部门或上级 | | | |  | | | | | | |
| 课  题  组 | | 人数 | | | 高 级 | | | | | | | | 中 级 | | | | | | 初 级 | | | | 研究生 | | | | | 辅助人员 | |
|  | | |  | | | | | | | |  | | | | | |  | | | |  | | | | |  | |
| 协作单位 | | | | |  | | | | | | | | | | | | | | 协作人员 | | | |  | | | | | | |
| 申请金额 | | | | |  | | | | | | | | | | | | | | 起止年月 | | | |  | | | | | | |
| **课题主要研究内容** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **预期**  **成果** | | | | | SCI收录期刊论文 篇，专著 部，专利情况 项  注：成果须署烟台大学山东省基础科学研究中心培育基地（药学）为第二完成单位。 | | | | | | | | | | | | | | | | | | | | | | | | |
| **二、立项依据（研究意义，国内外研究现状分析）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **三、研究方案** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **四、年度工作安排和阶段成果** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **五、申请金额和经费预算说明** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申请总金额（万元） | | | | | | | 第一年度 | | | | | | | | | | 第二年度 | | | | | | |  | | | | | |
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| **六、申请者学术简历，近五年主要成果，已具备条件** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **七、课题组人员情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | 姓 名 | | | | | 年龄 | | | | | 职称 | | | 工作量（月） | | | | 分 工 | | | | | | | | 签字 | | | |
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| **八、推荐者与推荐意见**（具有高级职称的申请者可免此项，推荐者应具有高级职称） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 | | | | 职 称 | | | | | 专 业 | | | | | | | | | | | 工 作 单 位 | | | | | | | | | |
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| 推荐意见：  推荐人签字  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 | | | 职 称 | | | | | | | 专 业 | | | | | | | | | | | 工 作 单 位 | | | | | | | | |
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| 推荐意见：  推荐人签字  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **九、申请者所在单位意见**  签 章  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **十、评议人意见**  签字    年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **评审意见** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **学术委员会主任意见**  签 字  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **实验室主任意见**  签 字  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |