附件5

高等教育管理改革专项课题申报汇总表

**申报单位（盖章）：**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **序号** | **主持人** | **专项课题名称** | **课题组成员** | **联系电话** | **计划结题时间** | **备注** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |

注：主持人限填1位，课题组成员不超过4位。