附件

**课题合作单位申报表**

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| **单位信息** | **单位名称** | | （请填写全称，与公章名称一致） | | | | | | | | | | | | |
| **主管部门** | | （如无，可不填） | | | | | | | | | | | | |
| **所在地区** | | 省 市（州） 县（区） | | | | | | | | | | | | |
| **通讯地址** | |  | | | | | | | | | | | | |
| **法定**  **代表人** | |  | | **职务职称** | | |  | | | **联系电话** | | |  | |
| **联系人** | |  | | **职务职称** | | |  | | | **联系电话** | | |  | |
| **联系人电子邮箱** | |  | | | | | | | | | | | | |
| **联合申报单位** | **单位名称** | | | **联系人** | | | **职务职称** | | | **联系电话** | | | **电子邮箱** | | |
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| **研究团队信息** | **姓名** | **专业** | | | | **学历** | | | **职务** | | | **职称** | | | **研究分工** |
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| **单位简介** | （150字内，应确保信息的准确性和真实性，同时展现出单位的特色和优势） | | | | | | | | | | | | | | |
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| **项目经历及所获荣誉** | （请列出主要项目名称及产出，若无项目经历及所获荣誉写“无”） | | | | | | | | | | | | | | |
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| **申报理由** | （2000字以内，申报单位/联合申报单位具备的基础条件、研究能力和实践经验，以及开展青少年心理健康相关工作情况等；能够为开展本研究课题提供的保障条件等。） | | | | | | | | | | | | | | |
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| **申请单位承诺** | 我单位承诺申请表所填内容全部属实。我单位将高度重视该项课题研究工作，切实履行课题合作单位义务，严格遵守课题有关管理规定，保障人力资源和研究经费投入，按要求保质保量完成研究任务。 | | | | | | | | | | | | | | |
| **申报单位意见** | **法定代表人（签字）：**  **申报单位（公章）：**  **日期：** | | | | | | | | | | | | | | |
| **联合申报单位盖章（多个单位公章不要重叠）** | **联合申报单位（公章）** | | | | | | | | | | | | | | |
| **备注** | 无需寄送纸质材料。  电子邮箱：yf18519233519@dingtalk.com | | | | | | | | | | | | | | |
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