## 开放课题基金申请书

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| 编号 |  |

**烟台大学**

**分子药理和药物评价教育部重点实验室**

**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 | |
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| 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：成果须署烟台大学分子药理和药物评价教育部重点实验室为第二完成单位。 | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |