附件2：

**北京大学医学部大学生创新性实验活动项目计划书**

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| 项目名称 | | | | |  | | | | | | | | | | | | |
| 项目创新特色概述(50字以内) | | | | |  | | | | | | | | | | | | |
| 经费预算 | | | | |  | | | 起止时间 | | | | 年 月至 年 月 | | | | | |
| 申请人或申请团队信息 | 姓名 | 性别 | 学号 | | | 所在系（部）、专业 | | | | | 身份证号 | | | 联系电话 | | E-mail | |
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| **注：请将项目负责学生的信息填写在本栏目的第一行。** | | | | | | | | | | | | | | | | |
| 导师信息 | 姓名 | | |  | | | 性别 | |  | | 出生年月 | | | |  | | |
| 所在院系 | | |  | | | 职称 | |  | | | | | | 职务 | |  |
| 电话 | | |  | | | | | | E-mail | | |  | | | | |
| **二、项目方案**  一、研究背景 | | | | | | | | | | | | | | | | | |
| 二、研究思路  三、研究方法  四、经费使用计划 | | | | | | | | | | | | | | | | | |
| **三、预期成果:** | | | | | | | | | | | | | | | | | |

**说明：请将本表于2016年6月28日24点之前直接发e-mail至bjmudc@163.com，由医学部管理部门保存。**