附件2

**衢州学院“导师+项目+团队”创新工作坊申报汇总表**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **工作坊名称** | **工作坊地址** | **工作坊类别** | **所在学院** | **负责人** | **联系方式** | **备注** |
| 1 |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |

**填表人姓名： 联系电话：**