附件5：

2020年度绍兴市哲学社会科学规划课题申报汇总表

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| **序号** | **课 题 名 称** | **课题分类** | **成果形式** | **项 目****负责人** | **职称、职务或学位** | **所在单位****（推荐单位）** | **计划完成时间** | **联系电话** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
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| 13 |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |