附件2

**丽水学院2024年大学生寒假社会实践项目汇总表**

二级学院： 填报人： 联系电话：

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| **序号** | **项目名称** | **负责人** | **专业班级** | **联系电话 （手机长号）** | **个人/团队** | **团队人数** | **指导教师** | **实践地点** | **实践成果形式** |
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