**附件一：**

**深化会计专业学位研究生教育综合改革试点申请表**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **申请单位名称** | | | | | |  | | | |
| **MPAcc深化综合改革选题** | | | | | |  | | | |
| **项目负责人** | **姓名** |  | **手机** |  | | **办公电话** |  | **电子邮箱** |  |
| **深化综合改革联系人** | **姓名** |  | **手机** |  | **办公电话** | |  | **电子邮箱** |  |
| （对MPAcc深化综合改革选题、已进行的相关探索以及具备的改革基础条件，进行简要阐述，字数不超过1000字。） | | | | | | | | | |