**Dziennik Praktyki Zawodowej**

………………………………………………………………………………………………………………………………………………………..………

/imię i nazwisko studenta/

………………………………………………………………………………………………………………………………………………………..………

/numer albumu/

………………………………………………………………………………………………………………………………………………………..………

/wydział/kierunek/specjalność/

………………………………………………………………………………………………………………………………………………………..………

/rok, poziom i forma studiów/

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/pełna nazwa instytucji przyjmującej studenta na praktykę/

………………………………………………………………………………………………………………………………………………………..………

/adres instytucji przyjmującej studenta na praktykę/

Czas trwania praktyk: ....................................................................................

Liczba godzin ............................

Potwierdzenie rozpoczęcia praktyki (data, podpis i pieczęć dyrektora/kierownika instytucji):

Potwierdzenie zakończenia praktyki (ocena, data, podpis i pieczęć dyrektora/kierownika instytucji):

Potwierdzenie zaliczenia praktyki (ocena, data, podpis opiekuna ze strony uczelni):

|  |  |
| --- | --- |
| **Data i liczba godzin** | **Wyszczególnienie zajęć****Uwagi, obserwacje i wnioski studenta co do wykonanej pracy** |
|  |  |
|  |    ……………..……………………………………………  podpis i pieczęć opiekuna praktyki |
| **Data i liczba godzin** | **Wyszczególnienie zajęć****Uwagi, obserwacje i wnioski studenta co do wykonanej pracy** |
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|  |    ……………..……………………………………………  podpis i pieczęć opiekuna praktyki |
| **Data i liczba godzin** | **Wyszczególnienie zajęć****Uwagi, obserwacje i wnioski studenta co do wykonanej pracy** |
|  |  |
|  |    ……………..……………………………………………  podpis i pieczęć opiekuna praktyki |

**Uwagi ogólne praktykanta o przebiegu praktyki**

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**Uwagi organizatora praktyki**

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