

**Karta przebiegu praktyki zawodowej\***

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**(nazwa instytucji)**

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| **Imię i nazwisko Słuchacza**: ………………………………………………………………..………....**Numer albumu**………………… **Kierunek studiów**………………………………………….

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| **Data** | **Liczba godzin** | **Wyszczególnienie realizowanych zajęć (opis prowadzonych czynności )** | **Uwagi i podpis opiekuna praktyk** |
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\* należy wydrukować odpowiednią liczbę Kart przebiegu praktyk, by opisać w nich wszystkie dni.

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(pieczątka i podpis opiekuna praktyk z ramienia instytucji)