

**Karta przebiegu praktyki zawodowej\***

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**(nazwa instytucji)**

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| **Imię i nazwisko Słuchacza**: ………………………………………………………………..………....  **Numer albumu**………………… **Kierunek studiów**………………………………………….   |  |  |  |  | | --- | --- | --- | --- | | **Data** | **Liczba godzin** | **Wyszczególnienie realizowanych zajęć (opis prowadzonych czynności )** | **Uwagi i podpis opiekuna praktyk** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |

\* 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)