**Uniwersytet Rolniczy im. Hugona Kołłątaja w Krakowie**

**Biuro Karier i Kształcenia Praktycznego**

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| Wydział |  | UCMW  |
| Kierunek |  | Weterynaria |
| Specjalność |  |  - |

Rok akademicki 20….. / 20……

Dziennik Praktyk

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Imię i nazwisko studenta (- ki)

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Nr albumu

**Nazwa zakładu pracy:**

**Karta tygodniowa Tydzień od ............................................ do .............................................**

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| --- | --- | --- | --- |
| Dzień | Godziny pracy od – do | Liczba godzin pracy | Wyszczególnienie zajęć. Uwagi , obserwacje i wnioski studenta co do wykonywanej pracy . |
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Pieczęć i podpis Zakładowego Kierownika Praktyk

Opinia Zakładowego Kierownika Praktyk o przebiegu praktyki studenta (- ki)

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