**Uniwersytet Rolniczy**

 **im. Hugona Kołłątaja w Krakowie**

al. A. Mickiewicza 21

31 – 120 Kraków

Wydział: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kierunek: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specjalność \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rok studiów: \_\_\_\_\_\_\_

Rok akademicki 2024/2025

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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Pieczęć i podpis Zakładowego Kierownika Praktyk