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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | №  п\п | Ф.И.О.  студента | Дата  начала  практики | Дата  окончания практики | Оценка  за работу | Подпись  непосредственного руководителя | | 1 |  |  |  |  |  | | 2 |  |  |  |  |  | | 3 |  |  |  |  |  | | 4 |  |  |  |  |  | | 5 |  |  |  |  |  | | 6 |  |  |  |  |  | | 7 |  |  |  |  |  | | 8 |  |  |  |  |  | | 9 |  |  |  |  |  | | 10 |  |  |  |  |  | | 11 |  |  |  |  |  | | 12 |  |  |  |  |  | | 13 |  |  |  |  |  | | 14 |  |  |  |  |  | | 15 |  |  |  |  |  | | 16 |  |  |  |  |  | | 17 |  |  |  |  |  | | 18 |  |  |  |  |  | | 19 |  |  |  |  |  | | 20 |  |  |  |  |  | | 21 |  |  |  |  |  | | 22 |  |  |  |  |  | | 23 |  |  |  |  |  | | 24 |  |  |  |  |  | | 25 |  |  |  |  |  | | 26 |  |  |  |  |  | | 27 |  |  |  |  |  | | 28 |  |  |  |  |  | | 29 |  |  |  |  |  | | 30 |  |  |  |  |  |   Общий руководитель практики \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (подпись)  М. П.  Зам. директора по практическому обучению \_\_\_\_\_\_\_\_\_\_ Мыльникова Н. А.  (подпись) |

Автономное профессиональное образовательное учреждение

Удмуртской Республики «Республиканский медицинский колледж

имени Героя Советского Союза Ф.А. Пушиной

Министерства здравоохранения Удмуртской Республики»

**ПУТЕВКА**

Студенты группы Ф \_\_\_\_\_\_

специальности «Фармация»

направляются в \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(наименование базы практической подготовки)

на срок с «20» апреля 2020 г. по «20» мая 2020г.

Наименование практики Преддипломная практика

Ф.И.О. общего руководителя \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ф.И.О. непосредственного руководителя \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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