УТВЕРЖДАЮ

Заместитель директора по УПР

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Д.В. Колесник

\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 201\_\_ г.

**ГРАФИК**

**работы руководителя производственной практики**

Фамилия, имя, отчество руководителя \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Профессиональный модуль ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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Группа \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Специальность\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Дата начала и окончания практики «\_\_\_\_» \_\_\_\_\_\_\_\_ 201\_\_\_г. - «\_\_\_\_» \_\_\_\_\_\_\_\_\_201\_\_\_г.  
Кол-во часов, включенных в педагогическую нагрузку за руководство практикой \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Дата посещения | | Время  посещения | Предприятие/организация | Наименование структурного подразделения | Отметка о посещении  (подпись, печать ОК предприятия) |
| план | факт |
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Руководитель практики \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/

Учебная часть \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/