ХАРАКТЕРИСТИКА

на студента курса

Руководитель предприятия

М.П.

“ ” 20 г.

# Министерство образования и науки Хабаровского края Краевое государственное бюджетное профессиональное образовательное учреждение «Хабаровский техникум техносферной безопасности и промышленных технологий»

РАБОЧИЙ ДНЕВНИК

# по практике

**(Фамилия Имя Отчество студента)**

# г. Хабаровск

**I. ОСНОВНЫЕ СВЕДЕНИЯ О ПРАКТИКАНТЕ**

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| **Рабочее место** | **Затрач. время (часы)** | **Отметка о проверке работы руководителя практики** |
| **3** | **4** | **5** |
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1. Фамилия, Имя, отчество

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1. Отделение
2. Курс
3. Группа
4. Срок практики
5. Вид практики

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Руководитель практики Прибыл\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Выбыл М.П.

Подпись

# 3. ЗАДАНИЕ НА ПРАКТИКУ

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| **Месяц и число** | **Описание выполненной работы** |
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