MINISTRY OF EDUCATION OF THE REPUBLIC OF BELARUS YANKA KUPALA STATE UNIVERSITY OF GRODNO

PRACTICE DIARY

	Student ofyear	
Specia	ılty	
Faculty		
	(form of education)	
	(full name)	<u> </u>
Practice Supervisor at	t the Department	
	(full name)	
Duration from	20 till	20
Practice Base		

Grodno

I. INDIVIDUAL ASSIGNMENT

(issued by the practice supervisor at the department)

N	Content	Completion check
	Practice Supervisor at	the Department
	(signature) (i Head of	nitials, surname) the Department
	(signature) (ini	tials, surname)

II. SCHEDULE OF PRACTICE

Date (period)	Activities (planned work)	Completion check

III. REPORT ON THE COMPLETION OF THE PROGRAM OF PRACTICE (content of the work done) Practice Supervisor at the Department (signature) (initials, surname)