**ОГБПОУ «Костромской областной медицинский колледж**

**им. Героя Советского Союза С. А. Богомолова»**

ПУТЕВКА № \_\_\_\_\_\_\_\_

Студент(ка)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

курса\_\_\_\_\_\_\_\_\_\_группы \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

направляется на прохождение преддипломной практики

на срок «21» мая 2018 г. по «16» июня 2018 г.

Место прохождения практики \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Ф.И.О. и должность общего руководителя практики \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Методический руководитель:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| № п/п | Ф. И. О | Число, месяц  (учет посещения практики) | | | | | | | | | | | | Подпись  руководителя |
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