**Agricultural Iniversity named after Hugona Kołłątaj in Kraków**

al. A. Mickiewicza 21

31 – 120 Kraków

Faculty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specjalization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yer of studies: \_\_\_\_\_\_\_

Academic year 202…/202…

PRACTICE DIARY

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Student name and surname

.......................................................

Album number

**Name of the workplace:**

**Weekly card Week from ............................................ to .............................................**

|  |  |  |  |
| --- | --- | --- | --- |
| Day | Working hours from – to | Numer of working hours | Details of classes. Student's comments, observations and conclusions regarding the work performed. |
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Stamp and signature of the Company Practice Manager

Opinion of the Company Internship Manager on the student’s internship

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Stamp and signature of the Company Practice Manager