*Załącznik nr 4 do Umowy*

**LISTA OBECNOŚCI STAŻYSTY**

realizujący staż zawodowy dla studenta w ramach projektu
„Zintegrowany program kształcenia na Uniwersytecie Zielonogórskim”
numer umowy POWR.03.05.00-00-Z007/17-00 z dnia 17 kwietnia 2018 r.

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| Imię i nazwisko stażysty/-tki …………………………………………………………………………………………….Nazwa kierunku studiów .………………………………………………………………………………………………Nazwa Wydziału .………….………………………………………………………………………………….................Numer albumu ………………………………………………………………………………………………………………………...Nazwa zakładu pracy …………………………………………………………………………………………………………. |

| **Data** | **Godziny pracy od – do** | **Liczba godzin** | **Podpis stażysty/-tki** | **Podpis opiekuna** |
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| **Dzień** | **Godziny pracy od – do** | **Liczba godzin** | **Podpis stażysty/-tki** | **Podpis opiekuna** |
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