WROCŁAW UNIVERSITY
OF ENVIRONMENTAL
AND LIFE SCIENCES

The Faculty of Veterinary Medicine

Field of study .....

Speciality .....

PRACTICE DIARY

Name and surname .....

Student's ID .....

.....
dean's signature and stamp

Course of the practice

No.	Referral number for practice	Numer of work weeks	Confirmation of starting work		Workflow				Entry practice coordinator			
			date	signature and stamp of the workplace	Work time		date	Signature and stamp of the manager	Credit		date	signature of the coordinator
					from	to			number of days	type of practice (farm/clinical/ vet.inspection)		

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The name of the workplace

Branch: .....

Weekly card

Week from – to (date) ……

date	working hours from-to	numer of work hours	Specification of activities Notes, observations and applications of the student what the work was done

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Signature and stamp of the tutor
in the workplace

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General observations of the student about the course of the internship

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General observations of the workplace's manager/tutor

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