**ФГБОУ ВО КГМУ Минздрава России**



наименование образовательной организации

**Очное, заочное обучение (подчеркнуть)**

**Аттестационная ведомость по практике №**\_\_\_\_\_\_\_\_\_\_\_\_

Семестр \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ учебного года Форма контроля – аттестация

Факультет \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Курс \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Вид и наименование практики \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Фамилия, имя, отчество экзаменаторов \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Дата проведения аттестации «\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_ г.

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| №  п/п | Фамилия и инициалы | №  зачётной  книжки | № группы | Оценка | | Подпись  экзаменатора |
| цифрой | прописью |
| ***1*** | ***2*** | ***3*** | ***4*** | ***5*** | ***6*** | ***7*** |
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Заведующий кафедрой \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Декан факультета \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_