

**MINISTRY OF EDUCATION OF THE REPUBLIC OF BELARUS
YANKA KUPALA STATE UNIVERSITY OF GRODNO**

PRACTICE DIARY

Student of _____ year

Specialty _____

Faculty _____

(form of education)

(full name)

Practice Supervisor at the Department _____

(full name)

Duration from _____ 20__ till _____ 20__

Practice Base _____

Grodno

III. REPORT ON THE COMPLETION OF THE PROGRAM OF PRACTICE

(content of the work done)

Practice Supervisor at the Department

_____ / _____ /

(signature)

(initials, surname)