***В Е Д О М О С Т Ь***

на оплату педагогического и административного состава \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

за руководство педагогической практикой студентов \_\_\_\_\_курса факультета\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

профиля подготовки\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Стерлитамакского филиала БашГУ с \_\_\_\_\_\_\_\_\_\_\_\_ по \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_г.

Основание: приказ СФ БашГУ №\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **№ п/п** | **Фамилия, имя и отчество****учителя** | **Вид руководства практикой** **(по предмету, кл. рук-во)** | **Фамилия, имя и отчество****студента** | **Количество часов****(заполняется СФ****БашГУ по нормам расчета часов)** |
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Печать учебного заведения Подпись директора учебного заведения\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (ФИО,подпись )

Ответственный за оформление\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ФИО полностью, контактный телефон