Jednostka organizacyjna UR: UCMW

**Lista zbiorcza studentów kierunku weterynaria odbywających praktyki**

Rok akademicki 20…. /20……

Rodzaj praktyki (hodowlana / kliniczna / w Inspekcji Weterynaryjnej):………………………………

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| L.P | Imię i nazwisko studenta | Miejsce odbywania praktyki | Termin praktyki |
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Data i Podpis Pełnomocnika Dyrektora UCMW ds. Praktyk