*Załącznik nr 4*

*do Regulamin odbywania przez studentów staży w przedsiębiorstwach*

**MIESIĘCZNA LISTA OBECNOŚCI**

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| **Imię i nazwisko stażysty** |  |
| **Miejsce odbywania stażu (adres)** |  |
| **Miesiąc odbywania stażu** |  |

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| **Lp.** | **Data (dd-mm-rrrr)** | **Godziny odbywania stażu** | | **Liczba godzin** | **Podpis stażysty** | **Podpis opiekuna stażu** | **Uwagi** |
| **od godz.** | **do godz.** |
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| Razem: | | | |  |  |  |  |

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| ……………………………… | …………………………………… |
| *(podpis Stażysty)* | *(podpis Opiekuna stażu)* |

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| ………………………… | ……………………………… |
| *(podpis Pracodawcy)* | *(podpis Koordynatora projektu)* |