ФЕДЕРАЛЬНОЕ ГОСУДАРСТВЕННОЕ БЮДЖЕТНОЕ ОБРАЗОВАТЕЛЬНОЕ УЧРЕЖДЕНИЕ ВЫСШЕГО ОБРАЗОВАНИЯ «ДОНБАССКАЯ НАЦИОНАЛЬНАЯ АКАДЕМИЯ СТРОИТЕЛЬСТВА И АРХИТЕКТУРЫ»

**ДНЕВНИК ПРАКТИКИ**

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(вид и название практики)

Обучающего\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(фамилия, имя, отчество)

Институт, факультет \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Кафедра \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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направление подготовки \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

специальность\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(название)

\_\_\_\_\_\_\_\_\_ курс, группа \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Обучающийся \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(фамилия, имя, отчество)

прибыл(а) на предприятие (в организацию, учреждение) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(название)

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(подпись) (должность, фамилия, инициалы ответственного лица)

Печать предприятия

(организации, учреждения)

Выбыл(а) с предприятия (организации, учреждения) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(название)

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(подпись) (должность, фамилия, инициалы ответственного лица)

Печать предприятия

(организации, учреждения)

**Отзыв лиц, проверявших прохождение практики**

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**Заключение руководителя практики от высшего учебного заведения**

**о прохождении практики**

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Дата сдачи зачета «\_\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_г.

Оценка:

по национальной шкале\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(словами)

Количество баллов \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(цифрами и словами)

по шкале ECTS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Руководитель практики от ФГБОУ ВО «ДОННАСА»

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(подпись) (фамилия и инициалы)

**Отзыв и оценка работы обучающегося в период практики**

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(название предприятия, организации, учреждения)

Руководитель практики от предприятия (организации, учреждения) \_\_\_\_\_\_\_\_\_

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(подпись) (фамилия и инициалы)

Печать

«\_\_\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_ г.

**Календарный график прохождения практики**

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| № п/п | Название работ | Недели практики | | | | | Отметки о выполнении |
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Руководитель практики:

от ФГБОУ ВО «ДОННАСА» \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(подпись) (фамилия и инициалы)

От предприятия (организации, учреждения)

**Рабочие записи во время практики**

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