Учреждение образования

«Гомельский государственный художественный колледж»

**ДНЕВНИК**

**УЧЕБНОЙ (ПЛЕНЭРНОЙ) ПРАКТИКИ**

обучающегося \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(фамилия, собственное имя, отчество)

Специальность\_\_\_\_**Живопись (станковая)**\_\_\_\_\_\_\_\_\_

Квалификация \_\_**Художник. Учитель**\_\_\_\_\_\_\_\_\_\_\_\_\_

Курс \_**1**­\_, группа № \_\_**1Б**\_\_, подгруппа \_\_**11**\_\_\_\_

Руководитель практики от учреждения образования «Гомельский государственный художественный колледж»:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**С.Л.Курашова**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(инициалы, фамилия)

**УЧЁТ ПРАКТИКИ**

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| --- | --- | --- | --- | --- | --- | --- |
| **Подпись руководителя практики** |  |  |  |  |  |  |
| **Отметка за выполненную работу** |  |  |  |  |  |  |
| **Кол-во часов** |  |  |  |  |  |  |
| **Место проведения** |  |  |  |  |  |  |
| **Наименование работ** |  |  |  |  |  |  |
| **Дата** |  |  |  |  |  |  |
| **№ п/п** | 1. | 2. | 3. | 4. | 5. | 6. |
| 1 неделя практики | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **Подпись руководителя практики** |  |  |  |  |  |  |
| **Отметка за выполненную работу** |  |  |  |  |  |  |
| **Кол-во часов** |  |  |  |  |  |  |
| **Место проведения** |  |  |  |  |  |  |
| **Наименование работ** |  |  |  |  |  |  |
| **Дата** |  |  |  |  |  |  |
| **№ п/п** | 1. | 2. | 3. | 4. | 5. | 6. |
| 2 неделя практики | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **Подпись руководителя практики** |  |  |  |  |  |  |
| **Отметка за выполненную работу** |  |  |  |  |  |  |
| **Кол-во часов** |  |  |  |  |  |  |
| **Место проведения** |  |  |  |  |  |  |
| **Наименование работ** |  |  |  |  |  |  |
| **Дата** |  |  |  |  |  |  |
| **№ п/п** | 1. | 2. | 3. | 4. | 5. | 6. |
| 3 неделя практики | | | | | | |

**Замечания, рекомендации и замечания по итогам практики** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Отметка\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Подпись руководителя практики \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_