**LISTA OBECNOŚCI**

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| Imię i Nazwisko Stażysty: |  |
| Imię i Nazwisko Opiekuna: |  |
| Miesiąc realizacji: |  |

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| Dzień miesiąca | Godziny od - do | Liczba godzin | Podpis stażysty |
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| **razem** |  |  |

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| Data i podpis Stażysty | Data i podpis Opiekuna | Data i podpis Kierownika projektu |
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