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| Лого_Медколледж | **Министерство здравоохранения Республики Татарстан**  **ГАПОУ «Набережночелнинский медицинский колледж».** |
| **Отдел основного профессионального образования** |
| **ФОРМА 06**  **(версия 2)** | **ВЕДОМОСТЬ УЧЕТА УЧЕБНЫХ ЧАСОВ, ПРОПУЩЕННЫХ СТУДЕНТАМИ** |

**ВЕДОМОСТЬ УЧЕТА УЧЕБНЫХ ЧАСОВ, ПРОПУЩЕННЫХ СТУДЕНТАМИ**

**СПЕЦИАЛЬНОСТЬ\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_КУРС\_\_\_\_\_\_\_\_\_ГРУППА\_\_\_\_\_\_\_\_\_\_\_\_\_\_ КУРАТОР ГРУППЫ\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**МЕСЯЦ, ГОД\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **№ п/п** | | **Фамилия, имя,**  **отчество** | | **Числа месяца** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Итого** | **Из них по причинам** | | **Приме-чание** |
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| **уважи-тельым** | **неува-жите-льным** |  |
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|  | | **Бюджет** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Внебюджет** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **ИТОГО В ЦЕЛОМ ПО ГРУППЕ ЗА МЕСЯЦ:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |

Подписи:

Зав. отделением\_\_\_\_\_\_\_\_\_ Куратор группы \_\_\_\_\_\_\_\_\_

Дата заполнения ведомости\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_