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| Лого_Медколледж | **Министерство здравоохранения Республики Татарстан**  **ГАПОУ «Набережночелнинский медицинский колледж».** |
| **Отдел основного профессионального образования** |
| **ФОРМА 49** | **Ведомость допуска на экзамен** |

**ВЕДОМОСТЬ ДОПУСКА НА ЭКЗАМЕН (ЭКЗАМЕН КВАЛИФИКАЦИОННЫЙ)**

**СПЕЦИАЛЬНОСТЬ\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_КУРС\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ГРУППА\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**МДК (ПМ, РАЗДЕЛ)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ДАТА ЭКЗАМЕНА\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ФИО КУРАТОРА\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **№** | **ФИО СТУДЕНТА** | **НАЗВАНИЯ РАЗДЕЛОВ МДК** | | | | | |
| **ТЕОРИЯ** | **ДОКЛИНИКА** | **ПОЛИКЛИНИКА** | **КЛИНИКА** | **УЧЕБНАЯ ПРАКТИКА** | **ДОПУСК К**  **ЭКЗАМЕНУ** |
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Дата сдачи ведомости «\_\_\_\_\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_\_\_г.

Куратор: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(подпись, расшифровка подписи)

Заведующая учебным отделением: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(подпись, расшифровка подписи)