**УТВЕРЖДАЮ**

Зам. директора по УР ГАПОУ БТЭиР

имени Героя Советского союза М.А. Афанасьева

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /О.И.Ноздрачева/

«\_\_\_» \_\_\_\_\_\_\_\_ 20\_\_ г.

**ИНДИВИДУАЛЬНЫЙ ГРАФИК ОБУЧЕНИЯ**

студента \_\_\_\_курса, группы \_\_\_\_\_\_ очной формы обучения

специальности (профессии)

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на период с "\_\_\_"\_\_\_\_\_\_\_\_\_ 2019-2020 учебного года

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***(ФИО студента)***

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| **№ п/п** | **Наименование дисциплины** | **Раздел. Тема.** | **Задание** | **Форма контроля** | **Сроки отчет-ности** | **Полученная оценка / количество баллов** | **Ф.И.О. преподавателя** | **Подпись** |
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**СОГЛАСОВАНО Первый зам. директора** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (подпись, дата) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ОЗНАКОМЛЕН(А) студент(ка)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (подпись, дата) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ОЗНАКОМЛЕНЫ родители (законные представители**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(подпись, дата)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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