**Lista obecności na ćwiczeniach w Klinice Chirurgii Naczyniowej PUM**

(List of attendees at the Vascular Surgery Department of PUM)

**Grupa** (group)**..................................**

**Rok** (year)**.......................................**

**Data ćwiczeń** (date of exercises)**................**

|  |  |  |  |
| --- | --- | --- | --- |
| Nazwisko imię studenta(Student`s surname and name) | Który to dzień ćwiczeń (np: 1)(day numer) | Podpis Asystenta(Assistant`s Signature)  | Podpis Studenta(Student's signature) |
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Podpis studenta

nadzorującego listę

obecności w podgrupie

(Signature of the student

overseeing the list

presence in a subgroup)