**VÝKAZ HOSPITÁCIÍ A VÝSTUPOV ŠTUDENTA/KY NA SÚVISLEJ PRAXI**

Meno a priezvisko študenta/ky:...................................................................................................

Fakulta: .............................. Ročník: ............ Študijný program: .................................................

Cvičná škola: ................................................................................................................................

Cvičný/á učiteľ/ka: ................................................. Predmet: biológia

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| Porad. číslo | Dátum | Téma | Trieda | Podpis učiteľa/ky |
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