

**Ministry of Science and Higher Education
of the Russian Federation
ITMO University**

Faculty of _____

Educational program _____

Subject area (major) _____

REPORT

on practical training *(insert the name of the practice)*

Task topic: _____

Student *full name and group number*

Head of Practice from the trainee's host organization: *full name, place of work, position*

Head of Practice from ITMO University: *full name, position*

Practice completed with grade _____

Commission member signatures:

_____ *full name*
(signature)

_____ *full name*
(signature)

_____ *full name*
(signature)

Date _____

St. Petersburg

20 _____