**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 \_\_\_\_