**DNEVNIK RADA ZA UČESNIKE PROGRAMA “MOJA PRAKSA” – [MJESEC] [GODINA]**

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| Ime i prezime |  |
| Mobilni telefon |  |
| E-mail |  |
| Ime i prezime mentora |  |
| Mjesec i godina: |  |

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| **Datum** | **Dan** | **Sat dolaska** | **Sat odlaska** | **Ukupno sati** | **Opis aktivnosti** |
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| **UKUPNO SATI:** | | | |  |  |

Razlozi izostanka sa prakse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ZADACI U TOKU PRAKTIČNE OBUKE** (Molimo vas da budete što konkretniji u opisu svojih zadataka. Uključite što više detalja, a naročito šta ste naučili u toku praktične obuke)

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| Potpis studenta: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Datum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

Svojim potpisom potvrđujem da je gore navedeni učenik/student radio broj sati naveden u tabeli.

Potpis mentora: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Datum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_