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**SAĞLIK BİLİMLERİ FAKÜLTESİ**

**………………………. BÖLÜMÜ**

**STAJ DEFTERİ**

**ÖĞRENCİNİN**

**ADI-SOYADI:**

**NUMARASI:**

**DANIŞMANI:**

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| **ONAYLAYAN KURUM/İŞYERİ AMİRİNİN (KURUM/İŞYERİ STAJ YÖNETİCİSİ)** |
| **ADI-SOYADI:**  | **GÖREV/UNVAN:**  |
| **BİRİMİ:**  | **TARİH/İMZA/KAŞE:**  |

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| **T.C.****BAYBURT ÜNİVERSİTESİ****SAĞLIK BİLİMLERİ FAKÜLTESİ****ÖĞRENCİ STAJ DEFTERİ****20…. - 20…. EĞİTİM – ÖĞRETİM YILI** |  |

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| **STAJ DÖNEMİ :** ….. / ….. / 20…. - ….. / ….. / 20….**STAJ SÜRESİ :** …….. iş günü |

 **ÖĞRENCİNİN**ADI SOYADI : FAKÜLTESİ :BÖLÜMÜ : NUMARASI :**STAJ YAPILAN KURUMUN/İŞYERİNİN:**ADI :ADRESİ :TELEFON:E-MAİL :FAX :Bu kısım Staj Komisyonu tarafından doldurulacaktır.STAJ YAPILAN GÜN SAYISI : …………..günKABUL EDİLEN GÜN SAYISI : ………….gün ONAY  …… / …… / 20…….…… tarihinden …… / …… / 20….……… tarihine kadar bir haftalık çalışma programı

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| **T.C.****BAYBURT ÜNİVERSİTESİ / SAĞLIK BİLİMLERİ FAKÜLTESİ****STAJ DEFTERİ** |

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| ÇALIŞMA KONUSU VE ANA HATLARI:ÇALIŞMANIN YAPILDIĞI TARİHLER: ….. / ….. /20…. - ….. / ….. /20…. |

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| **TASDİK EDEN GÖREVLİNİN****ADI – SOYADI GÖREVİ İMZA – MÜHÜR – KAŞE** |

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