****

**T.C.**

**SAĞLIK BİLİMLERİ FAKÜLTESİ**

**………………………. BÖLÜMÜ**

**STAJ DEFTERİ**

**ÖĞRENCİNİN**

**ADI-SOYADI:**

**NUMARASI:**

**DANIŞMANI:**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | **T.C.**  **BAYBURT ÜNİVERSİTESİ**  **SAĞLIK BİLİMLERİ FAKÜLTESİ**  **ÖĞRENCİ STAJ DEFTERİ**  **20…. - 20…. EĞİTİM – ÖĞRETİM YILI** |  |  |  | | --- | | **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 : …………..gün  KABUL EDİLEN GÜN SAYISI : ………….gün ONAY  …… / …… / 20…….…… tarihinden …… / …… / 20….……… tarihine kadar bir haftalık çalışma programı   |  |  |  |  | | --- | --- | --- | --- | | **GÜNLER** | **YAPILAN ÇALIŞMALAR** | **SAYFA NO** | **SAAT** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   …… / …… / 20…….…… tarihinden …… / …… / 20….……… tarihine kadar bir haftalık çalışma programı   |  |  |  |  | | --- | --- | --- | --- | | **GÜNLER** | **YAPILAN ÇALIŞMALAR** | **SAYFA NO** | **SAAT** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   …… / …… / 20…….…… tarihinden …… / …… / 20….……… tarihine kadar bir haftalık çalışma programı   |  |  |  |  | | --- | --- | --- | --- | | **GÜNLER** | **YAPILAN ÇALIŞMALAR** | **SAYFA NO** | **SAAT** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   …… / …… / 20…….…… tarihinden …… / …… / 20….……… tarihine kadar bir haftalık çalışma programı   |  |  |  |  | | --- | --- | --- | --- | | **GÜNLER** | **YAPILAN ÇALIŞMALAR** | **SAYFA NO** | **SAAT** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   …… / …… / 20…….…… tarihinden …… / …… / 20….……… tarihine kadar bir haftalık çalışma programı   |  |  |  |  | | --- | --- | --- | --- | | **GÜNLER** | **YAPILAN ÇALIŞMALAR** | **SAYFA NO** | **SAAT** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| |  | | --- | | **T.C.**  **BAYBURT ÜNİVERSİTESİ / SAĞLIK BİLİMLERİ FAKÜLTESİ**  **STAJ DEFTERİ** |  |  | | --- | | ÇALIŞMA KONUSU VE ANA HATLARI:  ÇALIŞMANIN YAPILDIĞI TARİHLER: ….. / ….. /20…. - ….. / ….. /20…. |  |  | | --- | | **TASDİK EDEN GÖREVLİNİN**  **ADI – SOYADI GÖREVİ İMZA – MÜHÜR – KAŞE** | |