*Приложение 15*

**ОТЗЫВ**

**о выполнении программы практики**

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**Руководитель практики от предприятия,**

 **организации, учреждения \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Подпись \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ М.П.**