**Federal state-funded institution**

**of higher professional education**

**«Financial University under the Government of the Russian Federation»**

**(Financial University)**

Faculty

Department

**DIARY**

of the

*(specify the type of practice)*

student of course study group

*(full name: surname,name, second name)*

Direction of training

*(title of the direction of trainings/specialization)*

*(Bachelor's degree program profile/Master's degree program focus/Specialist's degree program focus)*

**Moscow – 20 \_\_\_**

Place of the practice (organization)

Duration of the practice from

Position, full name of the Head of the Practice from the organization

**RECORD OF THE FULFILLED WORK**

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| --- | --- | --- | --- |
| Date | Department | Summary of the student`s work | The grade on the fulfilled work  (completed/  not completed) |
| 1 | 2 | 3 | 4 |
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The Head of the Practice from the organization:

*(signature) (full name)*

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