**Federal state-funded institution**

**of higher professional education**

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

**(Financial University)**

Faculty

Department

**REPORT**

on 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)*

 Fulfilled by:

 student of the study group \_\_\_\_\_\_\_\_

 *(signutare) (full name)*

Reviewed by:

The Head of the practice from the organization:

 *(position) (full name)*

 *((signature)*

 STAMP

The head of the Department`s practice:

 *(academic degree and / or rank) (full name)*

 *(grade) (signature)*

**Moscow – 20 \_\_**