DOCTORAL STUDENT'S INDIVIDUAL PRACTICE CARD

	for the academic year		
First and last name	e of doctoral student:		
Student ID numbe	r:		
Year of study:			
I. List of classes s	scheduled to be completed by doctoral student as part of practice for the academic ye	ear*	
Item	Course title (course code; field of study, year of study; instructor**)	Number of hours	Form of practice***
	Total		
** Fill in only in the *** Independently c	also include any additional (overtime) classes completed in the previous academic year and credited a case of co-teaching. Conducted classes (P); participation in classes (U); other form (I).	d to the next acad	lemic year.
date and signature	of supervisor	da	te and signature of doctoral student