**График проведения консультаций**

Преподаватель \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Название предмета \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Отделение \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| № | **Ф. И. учащегося** | **Класс** | **Дата** | **Время** |
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Подпись преподавателя \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_