**attendance sheet**

**Date of the practice:** From: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Till: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **1st week** | **Date :** |  |  |  |  |  |  |  |
| **Arriving:** |  |  |  |  |  |  |  |
| **Leaving:** |  |  |  |  |  |  |  |
| **2nd week** | **Date :** |  |  |  |  |  |  |  |
| **Arriving:** |  |  |  |  |  |  |  |
| **Leaving** |  |  |  |  |  |  |  |
| **3rd week** | **Date :** |  |  |  |  |  |  |  |
| **Arriving:** |  |  |  |  |  |  |  |
| **Leaving:** |  |  |  |  |  |  |  |
| **4th week** | **Date :** |  |  |  |  |  |  |  |
| **Arriving:** |  |  |  |  |  |  |  |
| **Leaving:** |  |  |  |  |  |  |  |

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 (Signature of the student) (Signature of the instructor)

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 (Name of the student printed) (Name of the instructor printed)

Pharmacy stamp