**ВІДОМІСТЬ РУБІЖНОГО КОНТРОЛЮ**

**з \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**студентів \_\_\_\_\_ групи \_\_\_\_\_ курсу медичного коледжу ІФНМУ**

**дата: \_\_\_\_\_\_\_\_\_\_\_\_**

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| **№ з/п** | **Прізвище, ім’я студента** | **Оцінка атестації** | **Примітка** |
| **I** | **II** | **III** | **IV** |
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**Асистент групи \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Асистент групи \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Зав. кафедрою \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**