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| ***Estudis:*** |  |
| ***Curs:*** |  |
| ***Tipus pràctiques:*** |  |

***DADES DE L’ ALUMNE/A***

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| **Nom i Cognoms:** |  | | | | **DNI:** |  |
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| **Telèfon:** |  | | **e-mail:** |  | | |
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***DADES DE L’EMPRESA***

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| **Adreça:** |  | | | | |
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| **NIF:** |  | | **Departament:** | |  |
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| **TUTOR/A A L’EMPRESA:** | | |  | | |

***PERÍODE REALITZACIÓ DE PRÀCTIQUES***

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| **De:** |  | | | **a:** |  |
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| **La rescissió de la pràctica serà efectiva a partir de:** | | |  | | |
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| **Total hores realitzades:** | | |  | | |

***Motivada per:***

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***OBSERVACIONS***

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***L’ ALUMNE/A EL/LA TUTOR/A DE L’EMPRESA***

***(Nom i cognoms i signatura) (Signatura i segell de l’empresa)***