**LISTA TEMATÓW**

**Szkolenie w zakresie języka …………….**

PROJEKT : WIELKOPOLSKA AKADEMIA KOMPETENCJI KLUCZOWYCH EURODIALOG

RPWP.08.02.00-30-0173/18

Nr grupy: .................................................

Poziom zaawansowania: ....................................

Godzina zajęć od…….do...: ......................................

Adres prowadzenia zajęć .............................................................................................

Imię i nazwisko lektora prowadzącego: ........................................................................

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| **lp** | **DATA** | **GODZINA** **OD…DO** | **LICZBA GODZIN LEK.** | **TEMATYKA ZAJĘĆ** | **CZYTELNY PODPIS LEKTORA** |
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| **lp** | **DATA** | **GODZINA** **OD…DO** | **LICZBA GODZIN LEK.** | **TEMATYKA ZAJĘĆ** | **CZYTELNY PODPIS LEKTORA** |
| 13 |  |  |  |  |  |
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| **lp** | **DATA** | **GODZINA** **OD…DO** | **LICZBA GODZIN LEK.** | **TEMATYKA ZAJĘĆ** | **CZYTELNY PODPIS LEKTORA** |
| 26 |  |  |  |  |  |
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| **lp** | **DATA** | **GODZINA** **OD…DO** | **LICZBA GODZIN LEK.** | **TEMATYKA ZAJĘĆ** | **CZYTELNY PODPIS LEKTORA** |
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| 51 |  |  |  |  |  |
| **Lp** | **DATA** | **GODZINA** **OD…DO** | **LICZBA GODZIN LEK.** | **TEMATYKA ZAJĘĆ** | **CZYTELNY PODPIS LEKTORA** |
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| **Lp** | **DATA** | **GODZINA** **OD…DO** | **LICZBA GODZIN LEK.** | **TEMATYKA ZAJĘĆ** | **CZYTELNY PODPIS LEKTORA** |
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| **Lp** | **DATA** | **GODZINA** **OD…DO** | **LICZBA GODZIN LEK.** | **TEMATYKA ZAJĘĆ** | **CZYTELNY PODPIS LEKTORA** |
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