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| **PROGRAMA ACADEMICO Y PSICOSOCIAL PARA LA GESTIÓN DE LA PERMANENCIA Y GRADUACIÓN ESTUDIANTIL “CUENTA CONMIGO”** |

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| **INFORMACION DEL ESTUDIANTE BECA ESPECIAL** | | | | | | | | | | | | | |
| Nombre y Apellidos | | |  | | | | | | | | | | |
| Documento de Identidad | | | | |  | | | | | N° | |  | |
| Código |  | | | | | Celular |  | | | | Promedio | |  |
| Correo Institucional | |  | | | | | | | | | | | |
| Programa Académico | | | |  | | | | Semestre |  | | | | |

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| **HORARIO** |

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| **HORA** | **LUNES** | **MARTES** | **MIERCOLES** | **JUEVES** | **VIERNES** | **SABADO** |
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| **INFORME DE ACTIVIDADES SEMANAL** |

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| **FECHA SEMANAL** |  |
| **DESCRIPCIÓN DE LAS ACTIVIDADES** | |

Firma Profesional Apoyo Psicosocial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_