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

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| **INFORMACIÓN DEL ESTUDIANTE BECA ESPECIAL– AMIGO ACADÉMICO** | | | | | | | | | | | | | |
| **NOMBRE Y APELLIDOS** | |  | | | | **CÓDIGO** | |  | | **SEMESTRE** | |  | |
| **N° C.C** |  | | | **CELULAR** |  | | **FECHA** | | **D** | | **M** | | **A** |
| **CORREO ELECTRÓNICO INSTITUCIONAL** | | |  | | | | | | | | | | |

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| **ESTUDIANTES BENEFICIADOS** |

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| **NOMBRE ESTUDIANTE** | **CODIGO** | **DOCUMENTO DE IDENTIDAD** | **TELÉFONO /CELULAR** | **CORREO INSTITUCIONAL** | **FIRMA** |
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PROFESIONAL APOYO PSICOSOCIAL JEFE DIVISIÓN SERVICOS ASISTENCIALES Y DE SALUD