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| **INFORMACIÓN DEL ESTUDIANTE** |
| Nombre y Apellidos |  | Código |  |
| N° T.I o C.C |  | Teléfono |  | Dirección |  |
| E-mail |  | Beca-trabajo |  |  | Monitor |  |

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| **Fecha** | **Hora de llegada** | **Hora de salida** | **Actividad realizada** | **Total Horas** | **Firma** |
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 V.B del profesional responsable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_