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|  **Fecha**  |  | **Hora de Inicio** |  |
| **CURSO** | **Formación Integral** |  | **Grupos Representativos** |  | **Otros** |  | **Cual? :**  |
| **DEPENDENCIA** |  |
| **PERSONA RESPONSABLE** |  |
| **INFORMACIÓN GENERAL** |
| **N°** | **Apellidos y Nombres** | **Documento De Identidad** | **Código** | **E. pregrado** | **E. posgrado** | **Docente** | **Administrativo** | **Egresado** | **Particular** | **Firma** |
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Firma del Responsable