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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