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| **INFORMACIÓN DEL ESTUDIANTE BENEFICIADO – AMIGO ACADÉMICO** | | | | | |
| **NOMBRE Y APELLIDOS** |  | | | **CÓDIGO** |  |
| **N° T.I O C.C** |  | **TELÉFONO** |  | **DIRECCIÓN** |  |
| **CORREO ELECTRÓNICO** |  | | | | |

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| **FECHA /HORA** | **NOMBRE ESTUDIANTE** | **CODIGO DE ESTUDIANTE** | **DOCUMENTO DE IDENTIDAD** | **TELÉFONO /CELULAR** | **CORREO INSTITUCIONAL** | **TEMA** | **FIRMA ESTUDIANTE BENEFICIADO** |
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**V.B DEL PROFESIONAL RESPONSABLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**