**CUMPLIMIENTO DE ASESORÍAS** - **DOCENTES**

Nombre del docente: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Código: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grupo de práctica: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **No.** | **Nombre del estudiante** | **Código** | **Fecha** | **Hora**  | **Firma** | **Tema de asesoría** | **Observaciones** |
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Firma Docente: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Firma Coordinador(a) de Práctica: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_