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| **ASUNTO** | **ACTA DE FINALIZACIÓN DE PRÁCTICA** | | | | | | | | | | | | | | | |
| **DE** | D | D | M | M | A | A | **H. INICIO** | H | H | M | M | **H. FINAL** | H | H | M | M |
| **LUGAR DE LA REUNIÓN** | | | | | | |  | | | | | | | | | |
| **PROCESO Y/O DEPENDENCIA RESPONSABLE** | | | | | | | PROGRAMA TRABAJO SOCIAL UNIVERSIDAD FRANCISCO DE PAULA SANTANDER | | | | | | | | | |

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| **ORDEN DEL DÍA** |
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| **TEMAS TRATADOS** |
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| **COMPROMISOS ADQUIRIDOS** | **FECHA DE CUMPLIMIENTO** | **RESPONSABLE** |
|  | **DD/MM/AAAA** | **Nombre del estudiante de práctica**  **ESTUDIANTE DE PRÁCTICA** |
|  | **DD/MM/AAAA** | **Nombre del docente**  **DOCENTE ASESOR** |
|  | **DD/MM/AAAA** | **Nombre del asesor**  **ASESOR INSTITUCIONAL/ ENTIDAD** |

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| **RESULTADOS Y/O CONCLUSIONES** |
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| **FIRMA DE QUIEN ELABORO** | **FIRMA DE QUIEN APROBÓ** |

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| **N°** | **NOMBRE** | **DEPENDENCIA/CARGO** | **E-MAIL** | **FIRMA** |
| 1 |  | Trabajo Social- UFPS, Docente Académico. |  |  |
| 2 |  | Nombre de la Entidad, Asesor Institucional. |  |  |
| 3 |  | Trabajo Social- UFPS, Estudiante Practicante. |  |  |
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