**Formulario Nº 7**

### Control de Asistencia

NOMBRE DE LA INSTITUCION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TELEFONO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| NOMBRE DEL ESTUDIANTE EN SERVICIO SOCIAL: | | | CARNET: | |
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| PROYECTO: | | | | |
| FECHA | DESCRIPCIÓN | HORA DE ENTRADA | HORA DE SALIDA | FIRMA |
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NOMBRE DEL REPONSABLE INSTITUCIONAL FIRMA SELLO