**LISTA DE ASISTENCIA CAPACITACIÓN DE FORMACIÓN DOCENTE Y ACTUALIZACIÓN PROFESIONAL**

**MODALIDAD DEL CURSO: PRESENCIAL ( ) VIRTUAL ( ) MIXTO ( )** Hoja: \_\_\_1\_\_ de \_\_1\_\_\_

NOMBRE DEL CURSO:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

FORMACIÓN DOCENTE ( ) ACTUALIZACIÓN PROFESIONAL ( )

NOMBRE DEL INSTRUCTOR(ES): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PERIODO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DURACIÓN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HORARIO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **NO.** | **NOMBRE DEL PARTICIPANTE** | **R.F.C.** | **PUESTO Y ÁREA DE ADSCRIPCIÓN** | **ASISTENCIA** | | | | |
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NOMBRE Y FIRMA DEL INSTRUCTOR(ES) NOMBRE Y FIRMA DEL COORDINADOR

R.F.C.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **BEVL721017UD0\_\_\_\_\_\_\_\_\_\_\_\_\_**

CURP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**BEVL721017MMSDZT**