**LISTA DE ASISTENCIA**

|  |  |
| --- | --- |
| **ÁREA** |  |
| **ACTIVIDAD** |  |
| **COORDINADOR (ES)** |  |
| **FECHA** |  |
| **HORA DE INICIO / TÉRMINO** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No. | Nombre | No. de Boleta | Grupo | Sexo | | Firma |
|  |  |  |  | H | M |  |
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|  |  |  |
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| TOTALES |  |  |

**Vo. Bo.**

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**M. en C. Juana Eréndira Galván Rodríguez**

**Jefa del Departamento de Servicios Estudiantiles**