**ASISTENCIA**

**PROCESO DE PRÁCTICA**

**EGRESADA:**

**CENTRO DE PRÁCTICA:** Centro de Formación Técnica Estatal Los Lagos.

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| **SESIÓN** | **FECHA** | **HORA DE**  **INGRESO** | **HORA DE SALIDA** | **FIRMA**  **PRACTICANTE** |
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| 35 |  |  |  |  |
| TOTAL DE HORAS CUMPLIDAS | |  | |  |

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| **SESIÓN** | **FECHA** | **HORA DE**  **INGRESO** | **HORA DE SALIDA** | **FIRMA**  **PRACTICANTE** |
| 36 |  |  |  |  |
| 37 |  |  |  |  |
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| 48 |  |  |  |  |
| TOTAL DE HORAS CUMPLIDAS | |  | |  |

**OBSERVACIONES:**

**El Centro de Práctica debe certificar el cumplimiento de los horarios realizados por el practicante y dejar constancia de cualquier situación anómala en observaciones.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nombre, Firma y Timbre**

**Del Tutor y/o del Centro De Práctica**