

**CONTROL DE ASISTENCIA**

**NOMBRE DEL PASANTE: Especialidad: C.I:**

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| **SEMANA/FECHA** | | **MAÑANA** | | | | **TARDE** | | | |
| **HORA DE ENTRADA** | **FIRMA** | **HORA DE SALIDA** | **FIRMA** | **HORA DE ENTRADA** | **FIRMA** | **HORA DE SALIDA** | **FIRMA** |
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| **TOTAL DÍAS ACUMULADOS** | | | | | | | | |  |

**Observaciones:**

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**Nombre del Tutor Empresarial Firma del Tutor Empresarial Sello de la Empresa**