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| NOMBRE DEL ASESOR: |  | | |
| FACULTAD |  | **NIVEL PRÁCTICA** |  |
| PROGRAMA |  | **ESCENARIO DE PRÁCTICAS** |  |

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| **FECHA** | **NOMBRES Y APELLIDOS DEL**  **ESTUDIANTE** | **OBJETIVO DE LA ASESORÍA** | **COMPROMISOS PARA EL PRÓXIMO ENCUENTRO** | **HORA**  **INICIO** | **HORA**  **FINAL** | **FIRMA DEL**  **ESTUDIANTE** |
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**FIRMA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FECHA DE ENTREGA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**