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| **NOMBRE COMPLETO DEL ALUMNO:** |  |
| **CARRERA:** | **SEMESTRE:** | **MATRÍCULA:** |
| **INSTITUCIÓN Y/O DEPENDENCIA :** |  |
| **NOMBRE DEL PROGRAMA O PROYECTO :** |  |
| **PERIODO DEL:** | **AL:**  |
| **OBJETIVO:**  |
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| **NÚM.** | **ACTIVIDAD** | **DEL:** | **AL:** | **NÚMERO DE HORAS POR ACTIVIDAD**  |
| D | D | M | M | A | A | A | A | D | D | M | M | A | A | A | A |
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| TOTAL DE HORAS |  |
| **Firma del alumno**  |  | **Responsable inmediato (firma y sello)** |  |  |  |  |
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