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| **Sede:** |  | **Tema:** |  | | **Hora:** |  |
| **Responsable:** |  | | **Profesión:** |  | | |

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| **Fecha** | | **Nombre y apellido** | **Código/ Documento** | **Tipo de usuario** | | | | | | **Edad** | **Género** | | | **Programa / Dependencia** | **Grupo**  **Poblacional** | | | | | | **Teléfono y Correo** | **Firma usuario** |
| **Estudiante** | **Administrativo** | **Docente** | **Egresado** | **Red Externa** | **Otro** | **Femenino** | **Masculino** | **No binario** | **Víctima** | **Discapacidad.** | **Frontera** | **LGTBIQ+** | **Afrodescendiente** | **Indígena** |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |