|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Nombre de la actividad: | |  | | | Programa: |  | | | Semestre: | |  |
| Responsable: |  | | Profesión: |  | | | Fecha: |  | | Duración: |  |

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| **No.** | **Nombre** | **Edad** | **Sexo** | | **Código** | **Semestre** | **Teléfono** | **Grupo poblacional \*** | | | | | | **Firma** |
| **M** | **F** | **DZ** | **DS** | **IN** | **FR** | **AF** | **LGTBIQ/ OSIGD** |
| 1. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 14. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 16. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 18. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 19. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**\*DZ:** Desplazado; **DS:** Discapacidad; **IN:** Indígena; **FR:** Frontera; **AF:** Afrodescendientes; **LGTBIQ+ /OSIGD:** Lesbiana, Gay, Transexual, Bisexual, Intersexual, Queer Asexual.