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| **DATOS DE IDENTIFICACIÓN** | | | | | | | | | | | | | | | | | | | | |
| **Nombres** |  | | | | | | | **Apellidos** |  | | **CC** | |  | **TI** | |  | **No.** | |  | |
| **Programa:** |  | | | | | | | Semestre: |  |  | Código: | |  | | | | | | | |
| **Sexo:** | Hombre |  | Mujer |  |  |  | **Género:**  Masculino \_\_\_ Femenino \_\_\_ No binario \_\_\_ | | | | |  | | |  |  | |  | |  |
| **Tipo de población:** Afrodescendiente \_\_\_ Discapacidad \_\_\_ Víctima \_\_\_ Indígena \_\_\_ Frontera \_\_\_ LGBTIQ+ / OSIGD \_\_\_ Ninguno \_\_\_ | | | | | | | | | | | | | | | | | | | | |

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| **Fecha** | | | **SEGUIMIENTO** | **TAREAS / COMPROMISOS** | **FIRMA ESTUDIANTE** |
| **Día** | **Mes** | **Año** |
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| Nombre del Profesional |  | Firma del Profesional |  |
| TP |  | REG |  |