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|  | | |  | **PROCESO BIENESTAR INSTITUCIONAL** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **CONTROL DE ASISTENCIA A ACTIVIDADES DE BIENESTAR UNIVERSITARIO** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | ***Código:*** *FO-BIN-01* | | | | | ***Versión:*** *06* | | | | | |  | ***Fecha de aprobación:*** *26/11/2024* | | | | | | | | | | | | ***Página:*** *1 de 1* | |
|  | **ÁREA:** | | | | | | | | | | | | | | | |  | **FECHA:** | | | | | | | | | | **HORA:** | |
|  | **SEDE:** | | | | | | | | | | | | | | | |  | **JORNADA:** | | | | | | | | | | | |
|  | **TEMA:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **NOMBRE DEL RESPONSABLE:** | | | | | | | | | | | | | | | |  | **PROFESIÓN:** | | | | | | | | | | | |
| **Nº** | | **NOMBRE Y APELLIDO** | | | **PARTICIPANTE** | | | | | | **EDAD** | **GÉNERO** | | | **PROGRAMA ACADÉMICO / DEPENDENCIA / COMUNIDAD** | | **DOCUMENTO DE IDENTIDAD** | | **CÓDIGO ESTUDIANTIL** |  | **GRUPO POBLACIONAL** | | | | | | | **CORREO ELECTRÓNICO** | **FIRMA** |
| **Estudiante Pregrado** | **Estudiante Posgrado** | **Funcionario** | **Docente** | **Egresado** | **Externo** | **Femenino** | **Masculino** | **No binario** | **Víctima del conflicto** | **Discapacidad** | **Gest. Lact.** | **LGBTIQ+** | **Afrodescendiente** | **Indígena** | **Otros** | **Ninguno** |
| 1 | |  | | |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |
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