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| **SEDE:** |  | **DOCENTE:** |  | **IDIOMA:** |  | **PERIODO (I o II / AÑO)** |  |

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| **PROGRAMAS PRESENCIALES / NIVEL** | **PROGRAMAS BLENDED / NIVEL** | **PROGRAMAS NIÑOS Y JÓVENES PRESENCIALES / NIVEL** |
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| BREAKTHROUGH A1  | **I** | **a** | **b** | WAYSTAGE A2  | **I** | **a** | **b** |  | BLENDED BEGINNER A1 |  | BLENDED ELEMENTARY A2 |  |  | KIDS PRE-BEGINNERS  | **a** | **b** | KIDS BEGINNERS  | **a** | **b** |  |
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| THRESHOLD B1 | **I** | **a** | **b** | VANTAGE B2 | **I** | **a** | **b** |  | BLENDED INTERMEDIA B1 |  | BLENDED UPPER INTERMEDIATE B2 |  |  | KIDS BREAKTHROUGH | **a** | **b** | TEENSWAYSTAGE  | **a** | **b** |  |
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| ADVANCED C1 | **I** | **a** | **b** |  |  |  |  |  | NOMENCLATURA: **I** (Intensivo) **a** (Subnivel a) **b** (Subnivel b) |  |  |  |
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| **HORARIO** |
| 6:00-800 am 8:00-10:00 am 2:00- 4:00 pm 3:00-6:00 pm 4:00-6:00 pm 6:00-8:00 pm  | Lunes Martes Miércoles Jueves Viernes  |
| 7:00-9:00 pm 7:00-11:00 am 12:00-4:00 pm 7:00-10:00 am 10:00- 1:00 pm 1:00-4:00 pm | Sábado  |

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| **N°** | **APELLIDOS Y NOMBRES** | **NOTA DEFINITIVA** | **FIRMA ESTUDIANTE/ACUDIENTE** | **DOCUMENTO DE IDENTIDAD** | **NUMERO TELEFÓNICO** |
| **1** |  |  |  |  |  |
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* Resaltar en rojo los estudiantes que no aprobaron el nivel.

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| FIRMA DEL DOCENTE: |  | FIRMA DEL COORDINADOR DE SEDE: |  |