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| Docente: | |  | | | | | | | Tipo vinculación\*: PTC\_\_\_ OTC\_\_\_ OMT\_\_\_ CAT\_\_\_\_ | | | | | | | | |
| Código curso: | | |  | | Curso: |  | | | | Tipo curso: T\_\_\_ TP\_\_\_ Total HS curso: \_\_\_\_ | | | | | | | |
| Semana N°: | | |  | | Fecha: |  | HDT:\_\_\_ HDP:\_\_\_ HT:\_\_\_ No. de estudiantes inscritos:\_\_\_\_\_\_ | | | | | | | | | | |
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| **N°** | **CÓDIGO** | **APELLIDOS Y NOMBRES ESTUDIANTE** | **FIRMA DEL ESTUDIANTE** |
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| Nombre y firma del Docente |  | Nombre y firma del Director de Programa |