## REGISTRO MENSUAL DE ASISTENCIA

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| --- | --- | --- | --- |
| **Nombre** |  | **Código** |  |
| **Carrera** |  | **Periodo** |  |
| **Entidad Receptora** |  | **Horario** |  |
| **Programa**  |  | **Receptor** |  |

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| **Fecha** | **Horario** | **Firma del receptor** |
| **Día** | **Mes** | **Año** | **Entrada** | **Salida** |
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| **Total de horas**  |  |

***Firma del Prestador***

***Firma del Receptor***

***Sello de la Entidad Receptora***