## 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***