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| Oficina / Unidad: |  |  | Servicio Social ( ) | Horas a realizar: |  |
| Nombre del participante: |  |  | Pasantía ( ) |  |  |
| Tiempo: |
| Universidad: |  |  |  |
| Nombre de responsable del participante: |  |  |  |
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| FECHA | ACTIVIDADES REALIZADAS | HORA ENTRADA | HORA SALIDA | HORAS REALIZADAS | FIRMA DE | |
| PARTICIPANTE | RESPONSABLE |
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