

ASESORÍA

**METODOLÓGICA**

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| **Nombre del asesor:** |  | | |
| **Semana de asesoría:** |  | | |
| **Fecha:** |  | | |
| **Lugar:** |  | | |
| **Hora Inicio:** |  | **Hora Terminación:** |  |

1. **REGISTRO DE ASISTENCIA A LA ASESORÍA**

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| **N°** | **CEDULA** | **NOMBRE DEL ESTUDIANTE** | **PROGRAMA** | **FIRMA** |
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1. **COMPROMISOS DE LA ASESORÍA**

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| **Actividad** | **Responsable** | | **Fecha de Entrega** |
| **Nombre** | **Rol** |
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**Nombre y Firma del Asesor Metodológico**