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|  **LISTA DE ASISTENCIA- TUTORÍA GRUPAL** | **Fecha:** |   |   |   |
| **Grupo: Núm. de sesión: Total de participantes:** | (Día) | (Mes) | (Año) |
| **Tipo de Actividad Tutorial:**  |

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| **Núm.** | **Nombre Completo** | **Género****H M** | **Con Beca PRONABE** | **Beca Alimenticia** | **Otro Tipo de Beca****(Especifique)** | **Firma** |
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(Nombre y firma del Tutor)