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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)