**REGISTRO DE ASISTENCIA DE PRÁCTICAS PREPROFESIONALES**

**ESTUDIANTE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CICLO: \_\_\_\_\_\_\_\_\_\_\_\_**

**PRÁCTICAS LABORALES: \_\_\_\_ PRÁCTICAS COMUNITARIAS: \_\_\_\_**

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| **N°** | **Fecha** | **Práctica realizada** | **Entidad/Formadora Beneficiaria** | **Hora de entrada** | **Hora de salida** | **Firma responsable** |
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**Observaciones: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Firma del responsable: ­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**