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| Fecha (con día) | Hr. Entrada | Hr. Salida  | Hr. Por día  | Firma del estudiante | Horas a la semana |
| **Ejemplo:**Lunes 24/09/18 | 9:00am | 2:00pm | 5hrs. |  | 15 hrs. |
| Miércoles 26/09/18 | 9:00am | 2:00pm | 5hrs. |  |
| Viernes 28/09/18 | 9:00am | 2:00pm | 5hrs. |  |
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| Reporte: | Primero o final | Total de horas |  |

BITÁCORA DE REGISTRO DE HORAS DE PRACTICAS PROFESIONALES

Vo. Bo. del responsable

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Firma y sello

1 de 2

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| Fecha (con día) | Hr. Entrada | Hr. Salida  | Hr. Por día  | Firma del estudiante | Horas a la semana |
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| Reporte: | Primero o final | Total de horas |  |

Visto Bueno del responsable

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Firma y sello

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