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| **REGISTRO DE ASISTENCIA A PRÁCTICAS DE SERVICIO COMUNITARIO** | | | | | |
| **ACTIVIDAD DESARROLLADA**: | | | | | |
| **ENTIDAD BENEFICIARIA**: | | | | | |
| **FECHA**: | | **HORA INICIO:** | | **HORA FIN:** | |
| **N°** | **ESTUDIANTE** | **CARRERA** | | **HORAS** | **FIRMA** |
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| **ACTIVIDAD SUPERVISADA POR** (ISTMAS) | | | | | |
| Nombre y Apellidos:  Cargo: | | | **Firma - Sello** | | |