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|  | **UNIVERSIDAD NACIONAL AUTÓNOMA DE MÉXICO****FACULTAD DE ESTUDIOS SUPERIORES CUAUTITLÁN** |  |

| **REGISTRO DE ASISTENCIA A PROGRAMA DE ASESORÍAS** |
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| **Nombre del profesor (a):** |  |
| **Departamento o sección de pertenencia:**  |  |
| **Materia que imparte:** |  |
| **Modalidad de la asesoría:**  |  **( ) Individual ( ) Grupal** |

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| **NOMBRE** | **No. DE CUENTA** | **LICENCIATURA** | **TEMA** |  **FECHA** | **FIRMA** |
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