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| Período escolar:  |  | Fecha: |  |

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| No. | Empresa / Ciudad | Objetivo de la visita | Fecha y hora | Carrera | No. de estudiantes | Semestre | SolicitanteAsignatura  |
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| **NOMBRE Y FIRMA****PRESIDENTE (A) DE ACADEMIA** |  | **NOMBRE Y FIRMA****JEFE(A) DEL DEPARTAMENTO ACADEMICO** |  | **Vo. Bo.****NOMBRE Y FIRMA****SUBDIRECTOR(A) ACADÉMICO** |

c.c.p. Subdirección de Planeación y Vinculación.

c.c.p. Subdirección de Servicios Administrativos.