DEPARTAMENTO DE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Fecha de la visita | Domicilio de la empresa | Docente responsable | Horario de la visita |
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| No. | Nombre del estudiante | No. control | Carrera | Semestre |
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NOMBRE Y FIRMA

JEFE (A) DEL DEPTO. ACADÉMICO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_