**Formato 05. Registro de Asistencia**

| Unidad Académica |  |
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| Nombre del Curso Taller o Diplomado. |  |
| Nombre del instructor(a) |  |

| N° | Nombre Completo | Firmas | | | | | |
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| 1 sesión  Día/mes/año | | 2 sesión  Día/mes/Año | | 3 sesión  Día/mes/año | |
|  |  | Entrada | Salida | Entrada | salida | Entrada | Salida |
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