REGISTRO HORAS DE COLABORACIÓN INSTITUCIONAL

NOMBRE DEL ESTUDIANTE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELULAR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROGRAMA ACADÉMICO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NIVEL: \_\_\_\_\_\_\_ PERIODO: \_\_\_\_\_\_\_\_\_\_

PORCENTAJE BECA / DESCUENTO: \_\_\_\_\_\_\_\_\_ TOTAL HORAS A CUMPLIR: \_\_\_\_\_\_\_\_\_

TIPO DE BECA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Fecha dd/mm/aa** | **Horas realizadas** | **Dependencia** | **Actividad/Evento** | **Firma beneficiaria(o)** | **Firma responsable** |
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| **Total, horas** |  |  |  |  |  |
| **Observaciones** |  | | | | |