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| Fecha de entrega: |  |

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| Tipo de prestación: |  |

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| Reporte No: |  |

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| Nombre del prestador: | | | |  | | | | | | | | |
| Apellido Paterno Apellido Materno Nombre(s) | | | | | | | | | | | | |
| Matrícula: GH |  | | | | | Licenciatura: | |  | | | | |
| Unidad Receptora: | | |  | | | | | | | | | |
| Horario de actividades: | | | | |  | | | | Días de prestación: | | |  |
| Período del | |  | | | | |  | | | al |  | |
| Horas cubiertas durante el mes: | | | | | | |  | | |  |  | |
| Conocimientos y habilidades adquiridos: | | | | | | | |  | | | | |
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| Conocimientos y habilidades aplicados: | | | | | | | |  | | | | |
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| Comentarios del Monitor Empresarial: | | | | | | | |  | | | | |
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| Nombre y firma  del Prestador |  | Nombre, firma y sello  del Monitor Empresarial |  | Nombre y firma del  Monitor Académico |