**Lista de asistencia**

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| --- | --- |
| **Nombre del PAFI:** |  |
| **Experiencia educativa que apoya:** |  |
| **Profesor tutor responsable del PAFI:** |  |
| **Fechas, horarios y espacios:** |  |

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| **Matrícula** | **Nombre del tutorado** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **Firma del tutorado** | **Correo electrónico** |
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