UNIVERSIDAD VERACRUZANA

FACULTAD DE CONTADURIA Y NEGOCIOS

CAMPUS VERACRUZ

PERIODO (ESPECIFICAR)

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| Experiencia Educativa | NRC | Créditos / Horas | Docente | Lunes | Martes | Miércoles | Jueves | Viernes |
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| Total de créditos: |  |  | FECHA: |  |

MATRICULA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NOMBRE DEL ALUMNO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRMA: \_\_\_\_\_\_\_\_\_\_\_\_

TELEFONO Y CORREO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOMBRE DEL TUTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRMA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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SECRETARIO DE FACULTAD