** UNIVERSIDAD VERACRUZANA**

**FACULTAD DE ODONTOLOGÍA-REGIÓN VERACRUZ FOTO**

**HORARIO DE EXPERIENCIAS EDUCATIVAS**

**Periodo escolar: FEBRERO – JULIO 2020**

**Matrícula: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nombre del estudiante:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tel. Casa: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. Celular: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Correo electrónico:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dirección actual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **NRC** | **SEC** | **EXPERIENCIA**  **EDUCATIVA (\*)** | **1** | **2** | **3** | **U.O.** | **CRÉDITOS** | **ACADEMICO** | **HORARIO** | | | | |
| **LUNES** | **MARTES** | **MIERCOLES** | **JUEVES** | **VIERNES** |
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| **TOTAL DE CRÉDITOS** | | | | | | |  |  |  |  |  |  |  |

**Nombre del Tutor Académico**

**Firma de conformidad**

Marca al lado de la Experiencia Educativa el número 1, 2 o U.O, según sea el caso en que estés cursando las experiencias educativas.

Colocar debidamente el NRC de la experiencia educativa elegida.