**FACULTAD DE…**

**REGISTRO DE ASISTENCIA AL TALLER DE METODOLOGÍA DE TITULACIÖN**

**Taller: Número:**

**Horario: Lugar:**

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| **No** | **Número de cédula** | **Nombres y apellidos del estudiante** | **Carrera** | **Nivel/**  **Curso** | **(Mes)** | | | | | | | | | | | **Observación** |
| **L** | **M** | **M** | **J** | **V** | **L** | **M** | **M** | **J** | **V** | **…** |  |
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| …Nombre y firma del docente capacitador  **Comisión Académica** |

*Elaborado por:*