**DOCUMENTO 10**

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BITÁCORA DE CUMPLIMIENTO DE HORAS DE PRÁCTICA

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Estudiante (nombre completo): | | | | | | Número de cédula: | | | | | | Título del trabajo: | | | | | | Carrera: | | | | | | Centro de práctica: | | | | | | Director/a de TFG (Supervisor/a): | | | | | | Supervisor/a representante del centro de práctica: | | | | | | Fecha | Hora de  ingreso | Hora de  Egreso | Cantidad de horas  Estudiante | Firmas | | Director/a del centro de práctica | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |