**RELACIÓN DE ALUMNOS QUE ASISTIRÁN A LA VISITA GUIADA**

**DOCENTE (S) RESPONSABLE (S):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LUGAR DONDE SE LLEVARÁ A CABO LA VISITA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LICENCIATURA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEMESTRE Y GRUPO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **NOMBRE** | **NO. DE CUENTA** | **FIRMA** |
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