**BITACORA DE PRACTICAS PROFESIONALES**

INSTITUCIÓN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALUMNO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REPORTE: PRIMERO ( ) SEGUNDO ( ) TERCERO ( )

PERIODO: DEL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **FECHA:** | **HORA DE ENTRADA:** | **HORA DE SALIDA:** | **ACTIVIDADES REALIZADAS:** | **HORAS:** |
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| **TOTAL DE HORAS:** | | | |  |

ATENTAMENTE:

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NOMBRE Y FIRMA DEL ASESOR DE PRACTICAS PROFESIONALES

CD. MANUEL DOBLADO, GTO. A \_\_\_\_\_\_ DE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DEL\_\_\_\_\_