**TERCER INFORME MENSUAL**

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| ***REPORTE No. :*** | ***3*** |
| ***HORAS ELABORADAS:*** | ***80 Hrs*** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| ***NOMBRE DEL ALUMNO:*** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **No. DE CONTROL:** | | |  | | | | | | | | | **GRUPO Y TURNO** | | | | |  | | | ***ESPECIALIDAD:*** | | | |  | | | | | |
|  | | | | | | | |  | | | | | |  | | | |  | | |  | | | |  | | | |
| ***PERIODO DEL*** | | ***23 DE MAYO*** | | | | | | | | | ***DEL 2024 AL*** | | | | ***19 DE JUNIO*** | | | | | | | | | | | | ***DEL 2024*** | | |
|  | | | | | | | |  | | | | | |  | | | |  | | |  | | | |  | | | |
| ***HORARIO DE ACTIVIDADES DE:*** | | | | | | |  | | | | | | ***HRS. A LAS*** | | | | |  | | | | | | | | ***HRS.*** | | | |
|  | | | | | | |  | | | | | |  | | | | |  | | | | | | | |  | | | |
| ***NOMBRE DE LA EMPRESA:*** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| ***NOMBRE DEL GERENTE:*** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| ***DEPARTAMENTO DONDE REALIZA LA PRACTICA:*** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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| ***DOMICILIO DE LA EMRPESA:*** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| **ACTIVIDADES REALIZADAS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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**SELLO DE LA EMPRESA**

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| **(ESCRIBIR TU NOMBRE AQUI)** |  | **(ESCRIBIR NOMBRE DEL ENCARGADO)** |
| **ALUMNO** |  | **ENCARGADO DEL ÁREA** |

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**LIC. HELENA CARAVEO BOBADILLA**

**ENCARGADA DE OFICINA PRÁCTICAS PROFESIONALES**

**FECHA DE RECEPCIÓN DEL INFORME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**