**INFORME FINAL DE ACTIVIDADES DE PRÁCTICAS PROFESIONALES**

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| ***HORAS ELABORADAS:*** | ***240 Hrs*** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| ***NOMBRE DEL ALUMNO:*** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| **No. DE CONTROL:** | | |  | | | | | | | | | **GRUPO Y TURNO** | | | | |  | | | ***ESPECIALIDAD:*** | | |  | | | | | |
|  | | | | | | | |  | | | | | |  | | | |  | | |  | | |  | | | |
| ***PERIODO DEL*** | | ***22 DE MARZO*** | | | | | | | | | ***DEL 2024 AL*** | | | | ***19 DE JUNIO*** | | | | | | | | | | | ***DEL 2024*** | | |
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| ***NOMBRE DE LA EMPRESA:*** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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| ***NOMBRE DEL GERENTE:*** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| ***DEPARTAMENTO DONDE REALIZÓ LA PRACTICA:*** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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| ***DOMICILIO DE LA EMRPESA:*** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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*EL INFORME FINAL DEBERA TENER:*

*- PRESENTACION*

*- OBJETIVO DE LA PRÁCTICA*

*- ACTIVIDADES DESARROLLADAS*

*- METAS ALCANZADAS*

*- CONCLUSIONES*

*- FOTOS REALIZANDO LAS ACTIVIDADES (DE FRENTE LA PERSONA)*

*(EN CASO DE REQUERIR MAS ESPACIO ANEXAR LAS HOJAS NECESARIAS)*

**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 LA OFICINA DE PRÁCTICAS PROFESIONALES**

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