**

***Firmar con el mismo color de lapicero y en orden día a día.***

***PARTE DE ASISTENCIA DEL PRACTICANTE***

*Colocar acá la foto digital tamaño carne.*

*DIRECCIÓN NACIONAL / TÉCNICA: …………………………………………………… ..*

*PERIODO DE PRÁCTICAS: Del ………………………… Al …………………………*

*NOMBRES Y APELLIDOS DEL PRACTICANTE: …………………………………………………………………………*

*HORARIO DE PRÁCTICAS: …………………………………… TURNO: ………………………..*

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| *FECHA* | *INGRESO* | | *SALIDA* | |  | *FECHA* | *INGRESO* | | *SALIDA* | |
| *HORA* | *FIRMA* | *HORA* | *FIRMA* |  | *HORA* | *FIRMA* | *HORA* | *FIRMA* |
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Al finalizar tus prácticas pre profesionales, tu Supervisor de

Prácticas deberá firmar y sellar esta Hoja de Asistencia, a fin de que tenga validez

**Firma y Sello del Supervisor de Prácticas**