FECHA: CORTE:

PROGRAMA(S): ASIGNATURA:

SEMESTRE: DOCENTE:

Para constancia se firma por el docente y los estudiantes a los \_\_\_\_\_ días del mes de \_\_\_\_\_\_\_\_\_\_ del año 201 \_\_\_\_\_ quienes aceptamos lo consignado en este documento: las notas parciales, la nota definitiva y el número de fallas. La nota definitiva y las fallas serán reportadas en el Sistema de Gestión Académica - SIGA de la UCM.

| **No.** | **CÓDIGO** | **NOMBRE** | **NOTAS** | **DEF** | **FALLAS** | **FIRMA** |
| --- | --- | --- | --- | --- | --- | --- |
| **35%1** | **35%2** | **30%3** |
| **NOTA** | **PON** | **NOTA** | **PON** | **NOTA** | **PON** |  |  |  |
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CRITERIO: 1 35% Valoraciones Escritas

 2 35% Laboratorios

 3 30% (por favor enuncie el otro criterio evaluativo)

OBSERVACIONES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Firma del profesor Firma del director de programa o unidad académica

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| --- | --- | --- | --- |
| **Elaboró** | **Revisó** | **Aprobó** | **Fecha de vigencia** |
| Dirección Docencia y Formación | Vicerrectoría AcadémicaDecanos Directores de programas académicos presenciales y a distancia Directores de unidades académicas Dirección de Aseguramiento de CalidadDirección de Planeación | Rectoría | Noviembre de 2015 |

 **CONTROL DE CAMBIOS**

|  |  |
| --- | --- |
| **ITEM** | **MODIFICACIÓN** |
|  |  |