**FACULTAD DE SALUD**

**PROGRAMA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SEMESTRE:\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **NOMBRE COMPLETO ESTUDIANTE (S):**  |

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| **NOMBRE DEL ESCENARIO DE PRÁCTICA:**  |

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| **DOCENTE:**  | **FECHA:** |

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| **#** | **OBSERVACIONES (Describa los documentos que el practicante entrega)** | **SI** | **NO** | **NO APLICA** |
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**Recomendaciones frente a la entrega de los documentos:**

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**FIRMA DEL ESTUDIANTE (S)** **VºBº DOCENTE O TUTOR DE PRÁCTICA**

 **Práctica Formativa Empresarial**

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| **Elaboró** | **Revisó** | **Aprobó** | **Fecha de vigencia** |
| Deyra Liliana Basante B. | Dirección de Aseguramiento de Calidad | Consejo de Rectoría | Agosto del 2017 |

**CONTROL DE CAMBIOS**

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| **ITEM** | **MODIFICACIÓN** |
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