Formato de Registro de Asesoría

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| Programa Educativo | ( ) Nutrición | ( ) Gastronomía | Fecha: |  |
| Nombre del Asesor Par: |  | | | |
| Asignatura: |  | | | |
| Temas Revisados: |  | | | |

ASESOR PAR

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| --- | --- | --- |
| No. | Nombre Completo | Grupo |
| 1 |  |  |
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| Observaciones o notas de la asesoría | | |
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