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| **Nombre del curso** | |  | | | |
| **Clave de registro** | |  | | | |
| **Período** |  | | | **Horario** |  |
| **Nombre del instructor** | | |  | | |

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| **Núm.** | **Usuario** | | | **R.F.C.** |  |  |  |  |  | **Asistencia** | | | | | | **Calificación** | |
| **Apellido paterno** | **Apellido materno** | **Nombre (s**) |  |  |  |  |  | **Sesión** | | | | | **%** | **Núm**. | **Letra** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
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| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Participantes inscritos** |  |  | **Participantes acreditados** |  |  | **Porcentaje de acreditados** | % |

Sello

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| --- | --- | --- | --- | --- |
| Firma |  |  |  | Firma |
| Nombre completo del instructor |  |  |  | Director(a) del CVDR/CIITA |