COORDINACIÓN DE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **FECHA DE LA VISITA** | **DOMICILIO Y NOMBRE DE LA EMPRESA** | **DOCENTE RESPONSABLE** | **HORARIO DE LA VISITA** |
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| **No.** | **NOMBRE DEL ESTUDIANTE** | **MATRICULA** | **CARRERA** | **CUATRIMESTRE** | **FIRMA DEL ESTUDIANTE** |
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Nombre y Firma del Docente Responsable de la UTC. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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