**REGISTRO DE HORAS COMPLEMENTARIAS – TUTORÍA DEL TRABAJO DE GRADO**

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| ***Docente:*** | ***Semestre:*** *2025-2025* |
| ***Mes:*** | ***Nombre del tutorando/a:*** |

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| **No de Semana** | **FECHA** | **HORA** | | **FIRMA TUTOR** | **TEMA TRATADO** | **OBSERVACIONES** | **FIRMA TUTORANDO** |
| **INICIO** | **FINAL** |
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| Total de horas mes de ……… | | | |  |  |  |  |

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| *…………………………….* |
| *MSc. Liliana Jínez* |
| ***Directora de Carrera*** |