**ACTA DE ASISTENCIA A ASESORIAS (10% DEL CURSO REMEDIAL)**

**AREA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ASIGNATURA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **1ERA SESION****FECHA:** | **2DA SESION****FECHA:** | **3RA SESION****FECHA:** |
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