**CONTROL DE ASISTENCIAS PARA ASESORIA DE PROTOCOLO**

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| NOMBRE DEL ALUMNO | FECHA DE ASESORÍA | FIRMA DEL DIRECTOR O CO-DIRECTOR |
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CALIFICACIÓN DE ASESORIAS \_\_\_\_\_\_

DEL PROTOCOLO ESCRITO \_\_\_\_\_\_

Dr. (Dra.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROFESOR DIRECTOR DE TESIS

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CO-Director

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ASESOR(A)