**Recurso Físico:**

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| **N°**  **solicitud** | **Fecha** | **Nombre del docente** | **Nombre de la materia** | **Nombre de la práctica** | **Grupo** | **Evaluación del servicio** | | | **Equipos** | **Firma entrada** | **Firma Salida** | **Observaciones docente o auxiliar** | **Auxiliar Responsable** |
| **B** | **R** | **M** |
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