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| **NOMBRE DEL PROFESOR** |  | | | **CICLO ESCOLAR** | | 2024-2025 | **PERIODO** |  |
| **ESPECIFICAR: MATERIA, DÍA, HORARIO Y SALÓN DE ASESORÍAS** | |  | | | | | | |
| **FECHAS DE ENTREGA DE REPORTE DE ASESORÍAS:** | | Primer Periodo: 31 de octubre de 2024 | Segundo Periodo: 7 de febrero de 2025 | | Tercer Periodo: 30 de abril de 2025 | | | |

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|  | **NOMBRE DEL ALUMNO** | **GRUPO** | **NO. DE CUENTA** | **MATERIA** | **TEMA** | **FECHA** | **FIRMA** |
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