**INSTITUTO TECNOLÓGICO DE CULIACAN**

DEPARTAMENTO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTROL DE ASISTENCIA A PRÁCTICAS

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| Laboratorio: | | Carrera: | |
| Nombre del Maestro(a): | | Materia: | |
| Nombre de la práctica: | | | |
| Grupo: | Fecha: | | Hora: |

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| No | Núm. de control | Nombre. del alumno(a) |
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