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|  | NOMBRE DEL CURSO: |  | | | | | | | | |
|  | NOMBRE DEL/LA INSTRUCTOR/A(ES): |  | | | | | | | | |
|  | PERIODO: |  | | |  |  |  |  |  |  |
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|  | NOMBRE Y FIRMA DEL/LA INSTRUCTOR/A | |  | | --- | | NOMBRE Y FIRMA DEL/LA  INSTRUCTOR/A | | NOMBRE Y FIRMA DEL/LA COORDINADOR/A |
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