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| **Fecha** | |  | | | | | | |
| **Nombre Completo:** | |  | | | | | | |
| **Programa** |  | | | **Código** | |  | | |
| **Semestre** |  | | | **No. de Identidad** | |  | | |
| **Dirección de Residencia** | | |  | | | | | |
| **Correo Electrónico** | |  | | | **Teléfono Fijo y/o Celular** | | |  |
| **Horas a Cumplir** | |  | | | **No. Días Retrasados** | |  | |
| **ACTIVIDAD REALIZADA** | | | | | | | | |
|  | | | | | | | | |
| **RESPONSABLE DE VERIFICAR EL CUMPLIMIENTO DE LA ACTIVIDAD:** | | | |  | | | | |
| **OBSERVACIÓN** | | | | | | | | |
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| **FIRMA USUARIO SANCIONADO** |

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| **COOR. DE BIBLIOTECA** | |
| **FECHA DE CONDONACIÓN** |  |