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| **FECHA** | | |
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| **FACULTAD ACADÉMICA** |  | | | | | | | | | |
| **PROGRAMA** |  | | | | | | | | | |
| **DOCENTE** |  | | | | | | | | | |
| **ASIGNATURA** |  | | | | | **CÓDIGO** | | |  | |
| **SEMESTRE** |  | **GRUPO** |  | **JORNADA** | |  | | | | |
| **JUSTIFICACIÓN** | | | | | | | | | | |
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| **LA NOTA A MODIFICAR CORRESPONDE A**  **(Marque con una X la evaluación a corregir)** | | | | | | | | | | |
| **PRIMER PARCIAL** |  | **SEGUNDO PARCIAL** | | |  | | **EXAMEN FINAL** | | |  |
| **DATOS DEL ESTUDIANTE** | | | | | | | | | | |
| **NO. DE DOCUMENTO DE IDENTIDAD DEL ESTUDIANTE** | **NOMBRE COMPLETO** | | | | | **NOTA INICIAL** | | **NOTA CORREGIDA** | | |
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***NOTA****: Al calificar emplee sólo un número decimal*

Fecha de respuesta: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Director del Programa** | **Decano de Facultad** | **Docente** |
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Procesado por Registro y control

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