**CARGA ACADÉMICA**

NOMBRE DEL ALUMNO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEMESTRE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. DE CONTROL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ESPECIALIDAD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CARRERA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FECHA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| MATERIA Y DOCENTE | GRUPO |  | HORARIO |
| LUNES | MARTES | MIÉRCOLES | JUEVES | VIERNES | SABADO |
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SERVICIOS ESCOLARES ALUMNO ACEPTO TODAS LAS CONDICIONES DEL

REGLAMENTO PARA ALUMNOS DEL

INSTITUTO TECNOLÓGICO.

**Original.** Alumno

**1ª copia.** Departamento de Servicios Escolares