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| **LISTA DE PARTICIPANTES** | | | | | | | | | |
| **UNIDAD ACADÉMICA:** | | | | | | | |  |  |
| **NOMBRE DEL ACTO ACADÉMICO:** | | | | | | | |  |  |
| **NOMBRE DE LOS PARTICIPANTES** | | **CALIFICACIÓN** | **HOMBRE** | **MUJER** | **HABLA ALGUNA  LENGUA (INDÍGENA O EXTRANJERA)** | **CUÁL** | **PERSONA CON CAPACIDAD DIFERENTE** | **TIPO O DIAGNÓSTICO** | **FIRMA DEL PARTICIPANTE GARANTIZANDO QUE SU INFORMACIÓN ES VERÍDICA** |
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