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| **REVISIÓN DE AVANCES** |
| **NOMBRE DEL PROYECTO** |  |
| **TUTOR:** |  |
| **DIA Y HORA DE REVISION ACORDADA** |  |
| **FRECUENCIA DE REVISIÓNES** |

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| SEMANAL |  | QUINCENAL |  | MENSUAL |  |

 |
| **ESTUDIANTE** | **FECHA** | **FIRMA DE ASISTENCIA** |
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