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| **REVISIÓN DE AVANCES** | | | | | |
| **NOMBRE DEL PROYECTO** | |  | | | |
| **TUTOR:** | |  | | | |
| **DIA Y HORA DE REVISION ACORDADA** | | | |  | |
| **FRECUENCIA DE REVISIÓNES** | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | SEMANAL |  | QUINCENAL |  | MENSUAL |  | | | | | |
| **ESTUDIANTE** | | | **FECHA** | | **FIRMA DE ASISTENCIA** |
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