**COMUNIDAD: xxxxxxx LAPSO: xxxxxxx ESCUELAS: XXXXX TUTOR: XXXXXXX Telf. XXXXXXXXXX**

**COORDINADOR: XXXXXX TLF: XXXXXXX CONSEJO COMUNAL: XXXXXXXXX**

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| Nº | **APELLIDOS Y NOMBRES** | **C.I** | **ESC** | **SEM** | **HORAS 1RA FASE** | **FIRMA** | **HORAS 2DA FASE** | **FIRMA** | **TOTAL HORAS** | **CALIF.****DEFINITIVA** | **FIRMA** |
| **01** |  |  |  |  |  |  |  |  |  |  |  |
| **02** |  |  |  |  |  |  |  |  |  |  |  |
| **03** |  |  |  |  |  |  |  |  |  |  |  |
| **04** |  |  |  |  |  |  |  |  |  |  |  |
| **05** |  |  |  |  |  |  |  |  |  |  |  |
| **06** |  |  |  |  |  |  |  |  |  |  |  |
| **07** |  |  |  |  |  |  |  |  |  |  |  |
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| **10** |  |  |  |  |  |  |  |  |  |  |  |
| **11** |  |  |  |  |  |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |  |  |  |  |  |

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| **NOMBRE DEL PROYECTO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |

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 **Fecha de Presentación del Proyecto**

**COMUNIDAD: xxxxxxx LAPSO: xxxxxxx ESCUELAS: XXXXX TUTOR: XXXXXXX Telf. XXXXXXXXXX**

**COORDINADOR: XXXXXX TLF: XXXXXXX CONSEJO COMUNAL: XXXXXXXXX**

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| Nº | **APELLIDOS Y NOMBRES** | **C.I** | **ESC** | **SEM** | **HORAS 1RA FASE** | **FIRMA** | **HORAS 2DA FASE** | **FIRMA** | **TOTAL HORAS** | **CALIF.****DEFINITIVA** | **FIRMA** |
| **01** |  |  |  |  |  |  |  |  |  |  |  |
| **02** |  |  |  |  |  |  |  |  |  |  |  |
| **03** |  |  |  |  |  |  |  |  |  |  |  |
| **04** |  |  |  |  |  |  |  |  |  |  |  |
| **05** |  |  |  |  |  |  |  |  |  |  |  |
| **06** |  |  |  |  |  |  |  |  |  |  |  |
| **07** |  |  |  |  |  |  |  |  |  |  |  |
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| **11** |  |  |  |  |  |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |  |  |  |  |  |