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| --- | --- |
| Folio: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Fecha: |  |

(\* Control escolar llena este campo)

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| Carrera |  |

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| Asignatura: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Periodo Escolar: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Nombre: del docente | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | |

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| NOMBRE DEL ESTUDIANTE | MATRICULA | GRUPO |
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| CALIFICACIÓN ANTERIOR | | CALIFICACIÓN CORREGIDA | |
| NÚMERO | LETRA | NÚMERO | LETRA |
|  |  |  |  |

( ) Todo el Grupo Especifica el grupo para borrar todas las calificaciones y pueda usted nuevamente capturar las calificaciones de todos: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOTIVO DE LA CORRECCIÓN:

( ) No aparece en lista.

( ) La alumna o alumno lo identifico posterior a la captura.

( ) Error de captura

( ) Otro especifique: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Observaciones: (\* Control escolar llena este campo) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  FIRMA  DOCENTE | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  FIRMA Y SELLO DE AUTORIZACIÓN  DE JEFA(E) DE DIVISIÓN | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  FIRMA Y SELLO DE CONTROL ESCOLAR |