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**SALIDA PEDAGÓGICA**

DOCENTE : CURSO :

LUGAR : FONO :

FECHA :

HORA SALIDA : HORA RETORNO:

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| O. E.: |

OBJETIVO :

FIRMA DOCENTE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Vº Bº INSPECTORIA |  | Vº Bº UTP |