**ACTA DE CALIFICACIONES**

DEPARTAMENTO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FOLIO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MATERIA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CLAVE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROFESOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRUPO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERIODO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ALUMNOS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\*Alumno Repetidor

\*\*Alumno en Curso Especial

Este documento no es válido si tiene tachaduras o enmendaduras

H.H. Cuautla, Mor., a de del Firma del profesor (a): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_