**UNIVERSIDAD AMERICANA**

**CIMA/\_ \_ \_/2020-\_ S\_ \_**

FORM-EST-015-2015

**Departamento de Registros Académicos**

**Control de Asistencia de la**

**Investigación Empresarial (75 horas CIMA)**

**Período Académico\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Empresa: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Departamento: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tel:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nombre del Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fecha de Inicio: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fecha de culminación:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Fecha** | **Nombre** | **Entrada** | **Salida** | **Horas**  **diarias** | **Firma del**  **Supervisor** |
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**Total de horas\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ horas\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Supervisor (a) de Investigación Empresarial Sello de la Empresa**