**CRONOGRAMA INTERNO**

**SUPERVISIONES ACADÉMICAS EN PLANTEL**

**ZONA: \_\_\_\_\_\_**

**PLANTEL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DIRECTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SUBDIRECTOR O RESPONSABLE ACADÉMICO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FECHA DE ELABORACIÓN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SEMESTRE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **No. consecutivo** | **DOCENTE** | **ASIGNATURA** |
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**Elaboró**

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**Nombre y firma del Director del Plantel**