**CRONOGRAMA DE SUPERVISIÓN A PLANTELES**

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| CICLO ESCOLAR: |  |  | FECHA DE ACTUALIZACIÓN: |  |

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| **PLANTEL** | **SEMESTRE B** | | | | | | **SEMESTRE A** | | | | | |
| **AGO** | **SEP** | **OCT** | **NOV** | **DIC** | **ENE** | **FEB** | **MAR** | **ABR** | **MAY** | **JUN** | **JUL** |
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| COORDINADOR DE ZONA  ELABORÓ  (Nombre y Firma) | ENLACE INTERINSTITUCIONAL DE COORDINADORES  APROBÓ  (Nombre y Firma) |