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| **Fecha elaboración** | | | | | | | | | | | |  | | | | | | | | | | |
| D | | | M | | | | | A | | |
| **Sede** | | **Piso** | **Oficina / Salón / Sala / Laboratorio** | | **Componente** | | | | | **Fecha de ingreso** | | | | | | | | | | | | |
| 1 | 2 |  |  | | Estratégico | Misional | | Apoyo | Evaluativo | Del D | M | | A | | | Al D | | | M | | | A |
| Horario de ingreso | | | | | | | | | | | | |
| De | | | | Am | | | A | | | | Am | |
| Pm | | | Pm | |
| Describa el motivo de la autorización y las actividades a desarrollar: | | | | | | | | | | | | | | | | | | | | | | |
| RELACIÓN DE AUTORIZADOS | | | | | | | | | | | | | | | | | | | | | | |
| Nombre completo del autorizado  (Si es un grupo de estudio identificar programa, semestre, jornada y asignatura) | | | | No documento Identificación | | | Vínculo Institucional  (Funcionario, Estudiante, Egresado, Otro (cual)) | | | | | | | | | | | Firma al momento del ingreso | | | | |
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|  | **Quien Autoriza: RECTOR – VICERRECTOR ADMINISTRATIVO Y FINANCIERO** | **PERSONAL DE CELADURÍA** |
| FIRMA |  |  |
| NOMBRE |  |  |
| CARGO |  |  |
| FECHA |  |  |

**Entregar este documento con tres (3) días de anterioridad al ingreso en la Vicerrectoría Administrativa y Financiera**