**FORMULARIO 4**

**CONTROL DE ASISTENCIA**

|  |  |  |
| --- | --- | --- |
|  |  | Coordinador:  |
| Curso  |  |
| Localidad:  |
| Semana del de \_\_\_ a \_\_\_\_ de\_\_\_\_ |
| **No.** | **Apellidos** | **Nombre** | **\_\_/\_\_/2016** | **\_\_/\_\_/2016** | **\_\_/\_\_/2016** | **\_\_/\_\_/2016** | **\_\_/\_\_/2016** | **\_\_/\_\_/2016** | **Nº Faltas** | **Faltas Acumuladas** |
| **1** |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |  |  |  |
| **11** |  |  |  |  |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |  |  |  |  |
| **13** |  |  |  |  |  |  |  |  |  |  |
| **14** |  |  |  |  |  |  |  |  |  |  |
| **15** |  |  |  |  |  |  |  |  |  |  |
| **16** |  |  |  |  |  |  |  |  |  |  |