

UNIVERIDAD ESPECIALIZADA DE LAS AMÉRICAS

SECRETARIA GENERAL

EXAMEN DE REHABILITACIÓN

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Asignatura: |  | | | | | Carrera: |  | | |
| Código de Grupo: | |  | | | Turno: |  | | Semestre: | \_\_\_\_\_\_\_\_ |
| Nombre del Profesor: | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Firma del Profesor: | | |  | | | | Fecha de Entrega: | | \_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Nombre del Estudiante | Cédula | N/S | | N/ Ex. de Reh. | Nota Final |
| D | F |
|  |  |  |  |  |  |

\*N/S Indique con una X la calificación obtenida

\*\* Individual por estudiante

Observación: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_