Fecha: xx de xxxxx de xxxx

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| # | **Agenda** | **Directrices** |
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| 8 |  |  |
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**Actividades realizadas y avances:**

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| --- | --- | --- | --- | --- |
| **#** | **Actividades** | **Evidencia requerida** | **Responsable** | **Fecha compromiso** |
| 1 |  |  |  |  |
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**Resultados de la revisión:**

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| --- | --- | --- |
| # | **Decisiones y acciones relacionadas** | **Mejoras**  |
| 1 |  |  |
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| **Revisó:** |  | **Aprobó:** |
| **Nombre****(Representante de la Dirección)** |  | **Ing. Pedro Cruz Morales****(Director)** |