**PRUEBA NACIONAL ESTANDARIZADA SUMATIVA PRIMARIA**

**ACTA DE ASISTENCIA ADICIONAL**

Sede: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Código PAI: \_\_\_\_\_\_\_\_\_\_\_\_\_

Dirección Regional: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| N° | Nombre de la persona estudiante | Cédula | Firma |
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Delegado aplicador: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cédula: \_\_\_\_\_\_\_\_\_\_\_ Firma: \_\_\_\_\_\_\_\_\_\_

Delegado de sede: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cédula: \_\_\_\_\_\_\_\_\_\_ Firma: \_\_\_\_\_\_\_\_\_\_