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|  | |  | |  | | |  | | | **AVISO DE SUSPENSIÓN DEL PROYECTO** | | | | | | | | | | |  |  | |
| **Coordinación de zona** | | | |  | | | | | No. y nombre  del plantel o EMSAD | | | |  | | | | | | | | | |
| **Nombre del Proyecto** | | |  |  | | | | | | | | | | | | | | | Período |  | | |
| **Número de Alumnos Participantes** | | | | **M=** | | | **H=** | | | TOTAL | |  | | | | Fecha de inicio | | | | |  | |
| **Asesor (es)** | | | |  | | | | | | | | | | | | | | | | | | |
| **Correo electrónico** | | | |  | | | | | | | | | | | | | Número de Teléfono | | |  | | |  | |
| **Justificación de la suspensión** | | | | | |  | | |  | |  | | | |  | | | |  |  | | |  | |
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| Asesor(es) | | | |  | | | Director(a) del Plantel | | | | | |  | | | | Coordinador(a) de Zona | | | | | | | |  |