Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FACULTAD**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROGRAMA**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Señores Comité de residencias,

Certifico que el estudiante \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ identificado con código \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ adscrito a este programa, tiene que asistir al campus universitario o permanecer en la ciudad de Ibagué – Tolima, ­­­­­­­­­­­­durante el la medida de excepción, debido a que para el desarrollo de sus actividades académicas correspondientes al semestre \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ requiere: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **DIRECTOR DE PROGRAMA** |
| FIRMA |  |
| NOMBRE |  |

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| **ESTUDIANTE** |
| NOMBRE |  |
| Cedula |  | Código |  |
| Dirección |  | Teléfono |  |

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| **Recibido** Fecha y Firma Funcionario |  |