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 |  |