REGISTRO CORSI DI RECUPERO

A.S. 2020-21

MATERIA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLASSI:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOCENTE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| ALUNNO/A |  DATA  | # | DATA | # |  DATA  |  #  | DATA  | # | DATA  | # |
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| 12. |  |  |  |  |  |  |  |  |  |  |

# SCRIVERE SI’ SE L’ALUNNO E’ PRESENTE, NO SE E’ ASSENTE

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| DATA | ATTIVITA’ SVOLTA |
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IVREA,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRMA DEL DOCENTE

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DA CONSEGNARE IN VICEPRESIDENZA AL TERMINE DEL CORSO.