Ahuacatlán, Pue., a \_\_\_\_\_\_\_\_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_

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| **DATOS PERSONALES:** | | | | | | | | | | | | | | | | | | | | | | |
| **Nombre del Alumno:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | |
| **Numero de Control:** | | | | | |  | | | | | **Carrera:** | | |  | | | | | **Cuat./Sem.:** | | |  |
| **Sexo:** |  | | | | | | | **Teléfono:** | | | |  | | | | **Email:** | | | |  | | |
| **Domicilio:** | | |  | | | | | | | | | | | | | | | | | | | |
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| **DATOS DE LA DEPENDENCIA DONDE REALIZARÁ EL SERVICIO SOCIAL:** | | | | | | | | | | | | | | | | | | | | | | |
| **Nombre:** | |  | | | | | | | | | | | | | | | | | | | | |
| **Teléfono:** | | |  | | | | | | |  | | | **Email:** | |  | | | | | | | |
| **Domicilio:** | | |  | | | | | | |  | | |  | |  | | | | | | | |
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| **Titular de la Dependencia o del Proyecto:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | |
| **DATOS SOBRE EL SERVICIO SOCIAL:** | | | | | | | | | | | | | | | | | | | | | | |
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| **Nombre del Programa o Proyecto Asignado:** | | | | | | | | | | | | | | | | | | | | | | |
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| **Área donde se realizaré el Servicio Social:** | | | | | | | | | | | | | | | | | | | | | | |
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| **Horario para la realización del Servicio Social** | | | | | | | | | | | | | | | | | | | | | | |
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| **Nombre del Tutor:** | | | | |  | | | | | | | | | | | | | | | | | |
| **Fecha de inicio:** | | | | |  | | | | | | | | **Fecha de Terminación:** | | | | |  | | | | |
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| **Actividades a realizar:** | | | | | | | | | | | | | | | | | | | | | | |
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| **Observaciones:** | | | | | | | | | | | | | | | | | | | | | | |
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| Autorizó | | | | | | | | | Vo.Bo. | | | | | | | | Prestante del Servicio Social | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Nombre y Firma del Director Académico | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Nombre y Firma del Responsable del Servicio Social. | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Firma del Alumno | | | | | |