

**CENTRO DE ESTUDIOS SUPERIORES DE GUAMÚCHIL, A.C.**

**SOLICITUD PARA TRAMITAR EL SERVICIO SOCIAL**

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| NOMBRE DEL PRESTADOR DE SERVICIO SOCIAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  MATRÍCULA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEMESTRE:\_\_\_\_ CARRERA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DOMICILIO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CALLE NO. COLONIA  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  C.P. CIUDAD ESTADO TELÉFONO E-MAIL |

**PROYECTO DE SERVICIO SOCIAL**

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| NOMBRE DEL PROGRAMA: |

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| OBJETIVO GENERAL: |

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| ACTIVIDADES A REALIZAR: |

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| DEPENDENCIA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DOMICILIO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CALLE NO. COLONIA C.P.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CIUDAD MUNICIPIO ESTADO  TELÉFONO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-MAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

SECTOR: FEDERAL\_\_\_\_\_ ESTATAL \_\_\_\_\_\_ MUNICIPAL \_\_\_\_\_\_

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| NOMBRE DEL RESPONSABLE DEL PROGRAMA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CARGO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

LLENADO POR EL DEPARTAMENTO DE SERVICIO SOCIAL Y PRÁCTICA PROFESIONAL

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| PERIODO DEL PROGRAMA:  FECHA DE INICIO \_\_\_\_ DE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DEL 20\_\_\_  FECHA DE TERMINACIÓN \_\_\_\_ DE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DEL 20\_\_\_ | HORARIO: DE \_\_\_\_\_\_\_\_\_\_\_\_ A \_\_\_\_\_\_\_\_\_\_\_\_ | |
| DE LUNES A VIERNES | TOTAL EN  HORAS:  **480** |