

**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 ESTADOTELÉFONO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 ENHORAS:**480** |