**SS-FO-02 Vrs.0 DEPARTAMENTO DE SERVICIO SOCIAL**

**DIRECCIÓN DE UNIDAD REGIONA**

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| **Unida Regional: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Mes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Año: \_\_\_\_\_\_\_\_\_\_** |
| **Nombre completo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **Modalidad de estudios. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |

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| **Apellido Paterno** | **Apellido Materno** | **Nombre (s)** |

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| **Matricula** | **Trimestre/Semestre** | **Programa Educativo** |

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| **Dirección** | **Correo Electrónico** | **teléfono** |

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| **Tipo de Programa:** | | **Unidad Receptora:** | | | |
| **Nombre del Programa:** | | **Población Beneficiada:** | | | |
| **Objetivo General:** | | **Horario Asignado:** | | | **Tiempo:** |
| **Sector:** | | | **Municipio:** | | |
| **Nombre del Responsable:** | | | | | |
| **Cargo:** | | | | | |
| **Domicilio Unidad Receptora:** | | | | | **Periodo del Programa** |
|  | | | | | **Inicio:** |
|  | | | | | **Fin:** |
| **Teléfono:** | **Fax:** | | | **Correos:** | |

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| **Actividades / Periodo** | **ENE** | | | **FEB** | | | **MARZ** | | **ABR** | | **MAY** | | **JUN** | | **JUL** | | **AGO** | | **SEP** | | **OCT** | | **NOV** | | **DIC** | |
| No. de actividades | 1 | | 2 | 1 | 2 | 1 | | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
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| **Autorización del Programa** | | |
| (Nombre, sello y firma) | (Nombre, sello y firma) | (Nombre, sello y firma) |
| **Unidad Receptora** | **Departamento Académico** | **Área Servicio Social Unidad Regional** |