**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** |