**SOLICITUD DE SERVICIO SOCIAL**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Nombre del prestador: | | | | | | |  | | |  |  | | | |  |  | | | | | |
|  | | | | | | | Apellido paterno | | |  | Apellido materno | | | |  | Nombre (s) | | | | | |
| Domicilió particular**:** | | | | |  | | | | | | | | | | | | | | | | |
| Colonia: | |  | | | | | | Código Postal | | | |  | | Teléfono: | | |  | | | | | |
| Edad: |  | | | | | Correo institucional: | | |  | | | | | | | | Generación: | | |  | | |
| Especialidad o carrera: | | | |  | | | | | | | | | | | | | | Semestre: | | |  | |
| Núm. de control: | | |  | | | | | | | | | | Créditos aprobados: | | | | | | 70% | | |

**Datos para la presentación del servicio social:**

|  |  |  |  |
| --- | --- | --- | --- |
| Periodo de inicio: |  | Término: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Nombre de la persona a quien va dirigida la carta de presentación: | | | |  | | |
|  | | | | | | |
| Cargo: |  | | | | | |
| Deseo prestar mi servicio social en | | |  | | | |
| Dirección: | |  | | | Teléfono: |  | |

Nombre del programa: A Subprograma

ACTIVIDADES ACADÉMICAS

ADMINISTRATIVAS

Actividad básica:

( ) otra, cual

( ) Grupal o colectiva

(x) Individual

Modalidad:

( ) Rural

( ) Suburbana

(x) Urbana

Áreas:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Firma del prestante |  | Vo.Bo. Del jefe de la oficina de Servicio Social |

|  |  |  |
| --- | --- | --- |
|  | Norma Alejandra Frías Morales |  |
|  | Directora | sello del Plantel |