**TARJETA DE CONTROL DE SERVICIO SOCIAL**

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| Nombre: | |  | | | | | | | | | | | | | | | | | | |  | | Edad: |  | | | |
| Sexo: | | | | ( ) | | masculino | | | | ( ) | | femenino | | | | | | | | | | | | | | |  | |
| Domicilio: | | |  | | | |  |  | | | | | |  |  | | | | |  | | Teléfono: | | |  | | | | |
|  | | | Calle No. | | | |  | Colonia | | | | | |  | *Estado* | | | | |  | |  | | |  | | | | |
| Carrera: |  | | | | | | | | | | | | | | | | |  | Núm. de control: | | | | | | |  | | |
| Semestre cursado: | | | | |  | | | |  | | Egresado: | |  | | |  | Créditos a probados: | | | | | | | | | 70% | |

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| **Fecha de inicio** | **Fecha de término** | **Institución** | **Programa** | **Actividad Básica** | **Horas**  **acreditadas** | **Meses** |
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###### **CONTROL DE EXPEDIENTE**

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| ( ) Solicitud ( ) Curso de inducción ( ) Carta de asignación  ( ) Plan de trabajo ( 1 ) ( 2 ) ( 3 ) Reportes bimestrales  ( ) Reporte final ( ) Cartas de terminación ( ) Constancia de acredita |

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| OBSERVACIONES: |  |
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