**TARJETA DE CONTROL DE SERVICIO SOCIAL**

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| Nombre: |  |  | Edad: |  |

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| --- | --- | --- | --- | --- | --- |
| Sexo: | ( ) | masculino | ( ) | femenino |  |

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| Domicilio: |  |  |  |  |  |  | Teléfono: |  |
|  | Calle No. |  | Colonia |  | *Estado* |  |  |  |

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| Carrera: |  |  | Núm. de control: |  |

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| 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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