**SOLICITUD DE (ÉL/ LA) PRESTANTE DEL SERVICIO SOCIAL**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATOS DE (EL/LA) ALUMNO (A)** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Nombre completo:** | | | | |  | | | | | | | | | |  | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Carrera:** | |  | | | | | | | | | | **Sexo:** | |  | | | **Período:** | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **No. de Ctrl.** | | |  | | | | | | **Semestre:** |  | | | | | **No. de créditos:** | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DATOS DE LA DEPENDENCIA** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Nombre de la dependencia:** | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Dirección:** | | | |  | | | | | | | | | | | | | **Teléfono:** | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Nombre del Programa:** | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Objetivo del Programa:** | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Fecha de Inicio:** | | | |  | | | **Fecha de Termino:** | | | |  | | | | **Modalidad:** | **Individual** | | |  | | | **Brigada** | |  | | |
|  | | | | | |  | | | | | | |  | | | | | | | | |  | | | | |
| **Tipo de Actividades** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **( )** | Desarrollo de las comunidades | | | | | **( )** | Asesoría y Consultoría | | | **( )** | | | Promoción Social, Cultural, Deportiva, Cívica y Valores | | | | | **( )** | | | Alfabetización | | | | | |
| **( )** | Asistencia Técnica | | | | | **( )** | Administración | | | **( )** | | | Docencia | | | | | Otros: | | | |  | | | | |
| **( )** | Planeación | | | | | **)** | Organización | | | **( )** | | | Investigación | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Cronograma de Actividades** | | | | | | | | |
| **Actividades** | **Meses** | | | | | | | |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  | Huatusco, Ver. A 20 **)** |
| **Nombre y Firma de (el/la) prestante** |
|  |
| **Titular de la Dependencia** | **Responsable Directo(a) del Programa** | **Responsable de Residencias Profesionales y Servicio Social** |

Dom. Av. 25 Poniente No. 100 Col. Reserva Territorial

C.P. 94100, Huatusco, Ver. Tel: 01-273-73-4-40-00, 01 800 836-3307

E-mail: serviciosocial@itshuatusco.edu.mx