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| **Anexos II** | | | | | | | |  |
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| **Carta de Terminación del Servicio Social** | | | | | | | | |
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| **C.\_\_\_\_MTRO. VICTOR MANUEL ARCOS FERIA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
| DIRECTOR(A) DEL INSTITUTO TECNOLÓGICO SUPERIOR DE HUATUSCO | | | | | | | | |
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| **At´n:\_\_ LIC. JOSE MARTIN ALVAREZ PEREZ** | | | | | | | | |
| JEFE(A) DEL DEPARTAMENTO DE GESTIÓN Y VINCULACIÓN | | | | | | | | |
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| Nombre de(el/la) prestador(a) de Servicio Social:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Nº de control:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Carrera:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; en el periodo  comprendido del \_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_ de 20\_\_\_\_\_\_al \_\_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| de 20\_\_\_\_\_\_\_, en su carácter de prestador de Servicio Social, acumulando un total de | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ horas en el desarrollo del programa denominado: | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
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| En la ciudad de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a los \_\_\_\_\_\_\_\_\_\_\_\_ días del mes de | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ del año\_\_\_\_\_\_\_\_\_, se extiende la presente Carta de terminación | | | | | | | | |
| de Servicio Social, para los fines que a (el/la) interesado(a) convengan. | | | | | | | | |
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| **Atentamente:** | | | | | | | | |
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| **Nombre, Cargo y firma de (el/la) Responsable del Programa** | | | |  |  |
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| **c.c.p. Expediente Oficina de Servicio Social** | | |  |  |  |  |  |  |
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