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| INSTITUTO TECNOLÓGICO DE PABELLÓN DE ARTEAGA |
| DEPARTAMENTO DE GESTIÓN TECNOLÓGICA Y VINCULACIÓN |
| **SERVICIO SOCIAL** |
| **Programa de trabajo** |
| **Datos del Estudiante** |
| Prestante: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Carrera: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| No. De control:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Datos de la dependencia** |
| Dependencia: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_- |
| Participación en el programa: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Coordinador del programa: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Municipio: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Estado: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Fecha de entrega: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Objetivo del programa en el que participará el alumno.**

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1. **Descripción del programa en el que participará el alumno.**

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1. **Justificación de la participación del alumno.**

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1. **Sector de la Población al que impactará tu servicio social.**

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1. **Cantidad de personas beneficiadas con tu Servicio Social.**

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1. **Cronograma de actividades.**

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| **Actividad**  | **Ene.** | **Feb.**  | **Mar.** | **Abr.** | **May.** | **Jun.** | **Jul.** | **Ago.** | **Sep.** | **Oct.** | **Nov.** | **Dic.** |
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| Nombre y firma del Prestante |

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| **Nombre y firma del Supervisor** |

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| Julissa Elayne Cosme Castorena  |
| **Oficina de Servicio Social**  |