**INFORME MENSUAL DE ACTIVIDADES DEL SERVICIO SOCIAL**

**DATOS DEL ALUMNO**

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| **NOMBRE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Apellido Paterno Apellido Materno Nombre(s)    **CARRERA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CUATRIMESTRE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **MODALIDAD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **INSTITUCION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **ÁREA DE ASIGNACION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **RESPONSABLE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **TELEFONO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**PERIODO**

**DEL \_\_\_\_\_\_\_\_\_\_\_\_\_\_ DE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DE \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AL \_\_\_\_\_\_\_\_\_\_\_\_\_\_ DE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DE \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RESUMEN DE ACTIVIDADES:**

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| 6 |  |
| 7 |  |
| 8 |  |
| 9 |  |
| 10 |  |

**RESPONSABLE PRESTADOR DEL**

**FIRMA Y SELLO SERVICIO SOCIAL**