**Instituto Tecnológico Superior de Nochistlán**

DEPARTAMENTO DE GESTIÓN TECNOLÓGICA Y VINCULACIÓN

**PLAN DE ACTIVIDADES PARA PRESTADORES DE SERVICIO SOCIAL**

CICLO ESCOLAR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### UNIDAD RECEPTORA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### PROGRAMA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***INSTRUCCIONES: MENCIONE LAS ACTIVIDADES A REALIZAR POR EL PRESTADOR Y MARQUE CON UNA “X” EN EL MES QUE DEBERA REALIZARLAS.***

**2020**

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NOMBRE Y FIRMA DEL RESPONSABLE DEL PROGRAMA

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NOMBRE Y FIRMA DE ENTERADO DEL ESTUDIANTE

CARRERA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NO. CONTROL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SELLO

C.p.p Expediente