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| **Departamento:** | Sistemas | | | **Carrera**: | | | Ing. En Sistemas Computacionales | | | | | | | | | | | | **Fecha**: | | | | | 10/Octubre/2016 | | | | | |
| **Nombre del (la) residente:** | César Montes de Oca Torres | | | | | | | | | | | | | | | | | | **No. de control:** | | | | | 11280528 | | | | | |
| **Empresa:** | Instituto Tecnológico de Toluca | | | **Asesor (a) externo (a):** | | | | | Dr. Sergio Díaz Zagal | | | | | | | | | | **Firma Vo.Bo.:** | | | | |  | | | | | |
| **Nombre del proyecto:** | Sistema de seguimiento y control de prácticas | | | | | | | | | | | **Asesor (a) interno (a)**: | | | | Dra. Citlalih Yollohtli Alejandra Gutierrez Estrada | | | | | | | | | | | | | |
| **Periodo de realización:** | Inicio:10-10-2016 | Término:10-02-2017 | | | | | | | | | | **No. de meses:** | | | | 4 | | | | | **No. de semanas:** | | | | | 18 | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Semana** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Actividad** | |  | **1** | | **2** | **3** | | **4** | | **5** | **6** | | **7** | **8** | **9** | | **10** | **11** | | **12** | | **13** | **14** | | **15** | | **16** | **17** | **18** |
| Análisis de Requerimientos | | P |  | |  |  | |  | |  |  | |  |  |  | |  |  | |  | |  |  | |  | |  |  |  |
| R |  | |  |  | |  | |  |  | |  |  |  | |  |  | |  | |  |  | |  | |  |  |  |
| Diseño del sistema y Base de Datos | | P |  | |  |  | |  | |  |  | |  |  |  | |  |  | |  | |  |  | |  | |  |  |  |
| R |  | |  |  | |  | |  |  | |  |  |  | |  |  | |  | |  |  | |  | |  |  |  |
| Desarrollo del Sistema | | P |  | |  |  | |  | |  |  | |  |  |  | |  |  | |  | |  |  | |  | |  |  |  |
| R |  | |  |  | |  | |  |  | |  |  |  | |  |  | |  | |  |  | |  | |  |  |  |
| Pruebas y/o Ajuste | | P |  | |  |  | |  | |  |  | |  |  |  | |  |  | |  | |  |  | |  | |  |  |  |
| R |  | |  |  | |  | |  |  | |  |  |  | |  |  | |  | |  |  | |  | |  |  |  |
| Implementación | | P |  | |  |  | |  | |  |  | |  |  |  | |  |  | |  | |  |  | |  | |  |  |  |
| R |  | |  |  | |  | |  |  | |  |  |  | |  |  | |  | |  |  | |  | |  |  |  |
| **Asesoría y entrega de reporte** | Asesor (a) interno (a) | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| Asesor (a) externo (a) | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| Residente | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| Jefe (a) departamento | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| **Observaciones** | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | |