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| **logouTM2** | **UNIVERSIDAD TECNOLÓGICA DE LA MIXTECA**  **REPORTE MENSUAL DE ACTIVIDADES DEL SERVICIO SOCIAL** |

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| Formato No. |  |

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| NOMBRE COMPLETO DEL ALUMNO: | | | | | | | | |  | | | | | | | | | | | |
| CARRERA: |  | | | | | | | | | | SEMESTRE: | | | |  | | | CÓDIGO: |  | |
| RESPONSABLE INMEDIATO: | | | | | | | |  | | | | | | | | | | | | |
| INSTITUCIÓN: | | | | |  | | | | | | | | | | | | | | | |
| ÁREA O DEPARTAMENTO: | | | | | | |  | | | | | | | | | | | | | |
| DIRECCIÓN: | |  | | | | | | | | | | | | | | | | | | |
| CIUDAD O LOCALIDAD: | | | | | |  | | | | | | | | | | | | | | |
| ESTADO: |  | | | | | | | | | | | | | | | TEL.: |  | | | |
| HORARIO: | | |  | | | | | | | TOTAL DE HORAS REALIZADAS | | | |  | | | | | |
| PERIODO: DEL | | | |  | | | | | | | | AL: |  | | | | | | | |

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| No. | A CONTINUACIÓN DESCRIBA LAS ACTIVIDADES REALIZADAS EN EL PERIODO SEÑALADO: |
| 1.- |  |
| 2.- |  |
| 3.- |  |
| 4.- |  |
| 5.- |  |
| 6.- |  |
| 7.- |  |
| 8.- |  |
| 9.- |  |
| 10.- |  |

|  |  |  |
| --- | --- | --- |
|  |  | Vo. Bo. |
| FIRMA DEL PRESTADOR DEL SERVICIO SOCIAL | FIRMA DEL RESPONSABLE INMEDIATO |