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| Quiénes somos | **SERVICIO NACIONAL DE APRENDIZAJE**  **SISTEMA INTEGRADO DE GESTIÓN** | **La presente formación se programa en atención a la solicitud con Radicado**  **No Fecha de asignación desde Coordinación Académica / / 2020** |

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| **COMPLEMENTARIA** | **X** |  | **TITULADA** |  |

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| Código programa de formación\* | 12 | | | | | | | | | | | | | | | | | | | | | | |
| Nombre del Programa\* | sistemas | | | | | | | | | | | | | | | | | | | | | | |
| Versión del programa\* | 1 | | | | | | | | | | | | | | | | | | | | | | |
| Duración Máxima (Horas)\* | 40 | | | | | | | | | | | | | | | | | | | | | | |
| Fecha de Inicio\* | 2025-09-13 | | | | | | | | | | | | | | | | | | | | | | |
| Fecha prevista de terminación\* | 2025-09-30 | | | | | | | | | | | | | | | | | | | | | | |
| Cupo\* | 25 PERSONAS | | | | | | | | | | | | | | | | | | | | | | |
| Modalidad del programa\* | **X** | **PRESENCIAL** | | | |  | | **DESESCOLARIZADA** | | | | |  | **VIRTUAL** | | | | |  | **COMBINADA** | | | |
| Departamento desarrollo de formación\* | Córdoba | | | | | | | | | | | | | | | | | | | | | | |
| Municipio desarrollo formación\* | Canalete | | | | | | |  | | | | | |  | | | | | | | | | |
| Dirección donde se va a realizar la formación\* | tics1 | | | | | | | | | | | | | | | | | | | | | | |
| Nombre responsable\* | GIlber Martinez | | | | | | | | | | | | | | | SIN DOCUMENTO # | | j6mF77U0 | | | | | |
| Correo electrónico\* | 1@gmail.com | | | | | | | | | | | | | | | | | | | | | | |
| Empresa solicitante |  | | | | | | | | | | | | | | | | | | | | | | |
| Subsector económico\* | EMPRENDEDORES | | | | | | | | | | | | | | | | | | | | | | |
| Programa Especial\* | **X** | **SENA EMPREDE RURAL** | | | | | | | | | | | | | | | | | | | | | |
|  | **SENA EMPRENDE RURAL- POST CONFLICTO (ETCR)** | | | | | | | | | | | | | | | | | | | | | |
|  | **AULAS ABIERTAS** | | | | | | | | | | | | | | | | | | | | | |
|  | **PROGRAMA DE EMPRENDIMIENTO** | | | | | | | | | | | | | | | | | | | | | |
|  | **CATEDRA VIRTUAL DE PRODUCTIVIDAD** | | | | | | | | | | | | | | | | | | | | | |
|  | **PROGRAMA DE BILINGUISMO** | | | | | | | | | | | | | | | | | | | | | |
|  | **JOVENES RURALES SIN ALIANZAS** | | | | | | | | | | | | | | | | | | | | | |
|  | **CAPACIDAD DE GESTION DE EXPORTACIONES** | | | | | | | | | | | | | | | | | | | | | |
|  | **LEOS – LABORATORIOS EXPERIMENTALES** | | | | | | | | | | | | | | | | | | | | | |
|  | **AULA MOVIL** | | | | | | | | | | | | | | | | | | | | | |
|  | **AMBIENTES VIRTUALES DE APRENDIZAJE** | | | | | | | | | | | | | | | | | | | | | |
|  | **CATEDRA VIRTUAL DE PENSAMIENTO EMPRESARIAL** | | | | | | | | | | | | | | | | | | | | | |
|  | **PROGRAMA JOVENES EN ACCION** | | | | | | | | | | | | | | | | | | | | | |
|  | **ALIANZAS ESTRATEGICAS** | | | | | | | | | | | | | | | | | | | | | |
|  | **ALTA GERENCIA** | | | | | | | | | | | | | | | | | | | | | |
| Convenio |  | | | | | | | | | | | | | | | | | | | | | | |
| Nombre y área en metros del ambiente |  | | | | | | | | | | | | | | | | | | | | | | |
| Días semana de programación\* | X | | **LUN** |  | **MAR** | |  | | **MIE** | X | **JUE** |  | | | **VIE** | |  | | **SAB** | |  | **DOM** |
| Horario del curso de formación\* | 7:00 15:00 7:00 – 15:00 | | | | | | | | | | | | | | | | | | | | | | |
| Fechas de ejecución de la formación (mes 1) | 14 15 16 17 | | | | | | | | | | | | | | | | | | | | | | |  |
| Fechas de ejecución de la formación (mes 2) | 1 | | | | | | | | | | | | | | | | | | | | | | |
| Código de solicitud |  | | | | | | | | | | | | | | | | | | | | | | |
| Código de ficha |  | | | | | | | | | | | | | | | | | | | | | | |
| Fecha de inscripción |  | | | | | | | | | | | | | | | | | | | | | | |

Nombre del instructor:GIlber Martinez Firma Instructor sena

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Vo.Bo. Coordinador Académico