**REPORTE MENSUAL BECA TRABAJO MAYO-AGOSTO 2024**

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| **NOMBRE DE ALUMNO** |  | | | **MATRICULA** |  |
| **ÁREA DE TRABAJO** | |  | | | |
| **ENCARGADO DEL BECARIO** | |  | | | |
| **PROGRAMA EDUCATIVO** | |  | **PERIODO DE INFORME** | | **14 MAY A 14 JUN 24** |

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| **ACTIVIDAD REALIZADA** | **OBJETIVO** | | **APRENDIZAJE** |
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| **EVIDENCIA FOTOGRAFICA** | | | |
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**OBSERVACIONES DEL RESPONSABLE DEL AREA:**

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| **FIRMAS DE RESPONSABLES** | | | | |
|  |  |  |  |  |
| C. |  |  |  | Mtra. Perla Gpe. Pérez Montiel |
| **Alumno(a) Becario(a)** |  | **Encargado(a) de Becario** |  | **Jefa de Depto. Servicios Estudiantiles y Bibliotecarios** |