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|  |  |  |  |  |  | **SOLICITUD DE SERVICIO SOCIAL** | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |
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|  |  | **DATOS PERSONALES** | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | **COORDINACIÓN ACADÉMICA** | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Fernando | | | | | | | Gómez | | | | | | | | | | | Herrera | | | | | | | | |  |  |  |
|  |  | Nombre(s) | | | | | | | Apellido Paterno | | | | | | | | | | | Apellido Materno | | | | | | | | |  |  |  |
|  |  | Masculino | | | | 18 | | Victor Hernández | | | | | | | | | | | | | | | | | S/N, int. A3-101 | | | |  |  |  |
|  |  | Sexo | | | | Edad | | Calle | | | | | | | | | | | | | | | | | Número | | | |  |  |  |
|  |  | Presidente Madero | | | | | | Azcapotzalco | | | | | | | | | | | | | | | | | 02430 | | | |  |  |  |
|  |  | Colonia | | | | | | Delegación | | | | | | | | | | | | | | | | | C.P | | | |  |  |  |
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|  |  |  |  |  | Casa | | | Celular | | | | | | | | | | Email | | | | | | | | | | |  |  |  |
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|  |  | **ESCOLARIDAD** | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |
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|  |  | **Plantel:** |  | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |
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|  |  | **Carrera:** | | ESPECIALIDAD | | | | | | | | | | | | **Matrícula:** | | | | | OK | | | | | | | |  |  |  |
|  |  | **Fecha de ingreso:** | | | | | 2010 | | **Semestre:** | 1 | | | **Avance de cursos:** | | | | | | | | | | 100.0 | **Promedio:** | | | 10.0 | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | **DATOS DEL PROGRAMA** | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |
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|  |  | Multidiciplinario de Servicio Social en Apoyo a las Actividades Académico-Administrativas de la Universidad Autónoma de la Ciudad de México | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |
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|  |  | CLAVE\_INSTITUCIONAL | | | | | | | | | | TEST | | | | | | | | | | | | | | | | |  |  |  |
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|  |  | Apoyo en Actividades Administrativas Relacionadas con la Ejecución del Programa Anual de Adquisiciones, Arrendamientos y Prestación de Servicios de la UACM | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |
|  |  | Asignado al programa interno | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  | Fecha de Término | | | | | | | | | | | | | | | | |  |  |  |
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|  |  | **PARA USO EXCLUSIVO DEL RESPONSABLE DEL PROGRAMA DE SERVICIO SOCIAL** | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |
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|  |  | **Vo. Bo.:** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | **Nombre y firma** | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | **Vo. Bo. del responsable del programa** | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **FORMATO 003** | | | | |  |  |