INSTITUTO TECNOLÓGICO DE CHIHUAHUA II

**DEPARTAMENTO DE GESTIÓN TECNOLÓGICA Y VINCULACIÓN**

PLAN DE TRABAJO

|  |  |  |
| --- | --- | --- |
| FECHAS  BIMESTRALES | ACTIVIDADES | BENEFICIARIOS  (NUMERO DE PERSONAS) |
| **{p\_1\_d} de {p\_1\_m} de {p\_1\_y}**  **{p\_2\_d} de {p\_2\_m} de {p\_2\_y}**  (1) | (2) **{p\_1\_activities}** | (3) **{p\_1\_people}** |
| **{p\_2\_d} de {p\_2\_m} de {p\_2\_y}**  **{p\_3\_d} de {p\_3\_m} de {p\_3\_y}**  (4) | (5) **{p\_2\_activities}** | (6) **{p\_2\_people}** |
| **{p\_3\_d} de {p\_3\_m} de {p\_3\_y}**  **{fp\_d} de {fp\_m} de {fp\_y}**  (7) | (8) **{p\_3\_activities}** | (9) **{p\_3\_people}** |

(10)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SELLO DE LA DEPENDENCIA

**Nombre del alumno:**

(11) **{name}**

**Carrera:** (12) **{career}**

**Número de control:** (13) **{n\_control}**

(14)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nombre del Responsable del Programa o Supervisor**

**del Servicio Social**

(15) **{responsable\_name}**

**{responsable\_role}**

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**Nombre del Titular de la Dependencia**

(16) **{titular\_name}**

**{titular\_role}**