**SECRETARIA DE EXTENSIÓN UNIVERSITARIA Y DIFUSIÓN CULTURAL - SERVICIO SOCIAL UNIVERSITARIO**

I.- IDENTIFICACIÓN

DEPENDENCIA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DIRECCIÓN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TEL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITULAR DE LA DEPENDENCIA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RECEPTOR DE PRESTADORES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CARGO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOMBRE DEL PROGRAMA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PERIODO DEL PROGRAMA MES: \_\_\_\_\_\_AÑO: \_\_\_\_\_MES: \_\_\_\_\_\_\_\_\_\_AÑO:\_\_\_\_\_

II.- JUSTIFICACIÓN

III.- OBJETIVOS GENERALES OBJETIVOS ESPECÍFICOS:

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| IV.- ACTIVIDADES CALENDARIZADAS | | | | | | | | | | | | ACTIVIDADES GENERALES |
| ENE | FEB | MAR | ABR | MAY | JUN | JUL | AGO | SEP | OCT | NOV | DIC |
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| V.- RECURSOS HUMANOS SOLICITADOS. | No. DE PRESTADORES DE SERVICIO SOCIAL | | | |  | | | | |
|
| CARRERA | MAT | VESP | S/D | TOTAL | CARRERA | MAT | VESP | S/D | TOTAL |
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|  |  |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **NOMBRE, FIRMA Y SELLO**  NOTA: los formatos de control de programas y enseñanza serán entregados en el Departamento de servicio social universitario. Av. Universidad no. 1, Tlaxcala, Tlax., tel. 4621422 acompañado de un oficio firmado por el titular de la Dependencia | | | | |
| DR. JUAN TEHOZOL ZAMORA |  |  |  |  |
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