*Marcar con* ***X*** *la actividad a realizar*

**Servicio Social Prácticas Profesionales**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Tijuana, B.C., a** |  | **de**  |  | **de** |  |

Fecha en la que inicia la primera actividad de la hoja

|  |  |  |  |
| --- | --- | --- | --- |
| **Nombre de la entidad** |  | **Teléfono** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Nombre del supervisor** |  | **Correo** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Nombre del alumno** |  | **Carrera** |  |

**INFORMACIÓN SOBRE EL PROGRAMA**

|  |  |  |  |
| --- | --- | --- | --- |
| **N°** | **FECHA** | **ACTIVIDADES** | **HORAS** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |
| **7** |  |  |  |
| **8** |  |  |  |
| **9** |  |  |  |
| **10** |  |  |  |
|  |  | **SUMA TOTAL DE HORAS:** |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Firma y/o Sello de la Institución** | **Firma del Alumno** | **Firma y Sello de CESUN** |