**SOLICITUD DE SERVICIO SOCIAL**

**DATOS PERSONALES**

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|  |
| **NOMBRE**: |  | **EDAD**: |  | **SEXO**: |  |  |
|  |
| **DIRECCION**: |   | TELEFONO: |  |  |
|  | **CALLE Y NÚMERO** | **COLONIA** | **CIUDAD Y ESTADO** |  |
| **CARRERA:** |  | **SEMESTRE:** |  |  |
|  |
| **No. DE CONTROL:** |  | **CRÉDITOS PROBADOS:** | 60% |  |
|  |
| **GENERACION:** | 2022-2025 |  |  |
|  |

**DATOS DEL PROGRAMA**

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| --- | --- | --- |
| **DEPENDENCIA OFICIAL U ORGANISMO**: |  |  |
|  |
| **MODALIDAD**: |  | **INDIVIDUAL** | **( X )** | **BRIGADA** | **( )** | **INICIO**: | 28/08/2023 | **TERMINO**: | 29/02/2024 |  |
|  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  FIRMA DEL PRESTANTE | **FECHA:** | 25  |  | 08 |  | 2023 |  |   |  |
|  | NOMBRE Y FIRMA DEL PADRE O TUTOR |  | **DIA** | **MES** | **AÑO** |  **RESPONSABLE DEL PROGRAMA**  |  |
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