**CARTA DE ASIGNACIÓN**

**DATOS DEL PRESTANTE DE SERVICIO SOCIAL**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | |
| **NOMBRE DEL ALUMNO**: | | | |  | | **EDAD**: |  | **SEXO**: | | |  | | | |  |
|  | | | | | | | | | | | | | | | |
| **DIRECCION**: | |  | | | | | | | **TELEFONO:** | | |  | | |  |
|  | | CALLE Y NÚMERO | | | COLONIA | CIUDAD Y ESTADO | | |  | | | | | | |
| **CARRERA:** |  | | | | | | | | **SEMESTRE:** | | | |  | |  |
|  | | | | | | | | | | | | | | | |
| **No. DE CONTROL:** | | |  | | | **No. DE CRÉDITOS CUBIERTOS:** | | | |  | | | |  | |
|  | | | | | | | | | | | | | | | |

**DATOS DEL PROGRAMA**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NOMBRE DEL PROGRAMA:** | |  | **OBJETIVO**: | |  | | | |
| **ACTIVIDADES A DESARROLLAR**: | | | **TIPO DE ACTIVIDADES**: | | | | | |
| **1** |  | | ADMINISTRATIVAS | | | **( )** |  | |
| **2** |  | | TECNICAS | | | **( )** |  | |
| **3** |  | | ASESORIA | | | **( )** |  | |
| **4** |  | | INVESTIGACION | | | **( )** |  | |
| **5** |  | | DOCENTES | | | **( )** |  | |
| **6** |  | |  | | |  |  | |
| **7** |  | | OTRAS: |  | | | |  |

**EL SERVICIO SOCIAL LO REALIZARA DENTRO DE LAS INSTALACIONES DE LA DEPENDENCIA:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SI** |  | **NO** | |  | | | | **EN DONDE:** | | | |  | | | | | | | | |  |
|  | | | | | | | | **HORARIO DE ACTIVIDADES** | | | | | | |  | **DÍAS DE TRABAJO:** | |  | | |  |
| **FECHA:** | | |  | | |  |  | | |  |  | | |  | | |  | | |  | |
|  | | | **DIA** | | **MES** | | | | **AÑO** | | | |  | | | | **RESPONSABLE DE LA DEPENDENCIA** | |  | | |