**PLAN DE TRABAJO DEL SERVICIO SOCIAL**

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| **NOMBRE DEL ALUMNO:** | | |  | | **GRADO DE ESTUDIOS:** |  |  | | |
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| **ESPECIALIDAD**: |  | | | | | |  | | |
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| **COMUNIDAD O INSTITUCIÓN:** | | | |  | | |  | | |
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| **ÁREA DE TRABAJO:** | |  | | | | |  | | |
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| **OBJETIVO GENERAL**: | | |  | | | | |  | |
|  | | |  | | | | |  | |
| **OBJETIVO PARTICULAR:** | | |  | | | | |  | |
|  | | |  | | | | |  | |
| **OBJETIVO ESPECÍFICO:** | | |  | | | | | |  |

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| **ACTIVIDADES A REALIZAR** | **CALENDARIZACION MENSUAL/SEMANAL** | | | | | | | | | | | | | | | | | | | | | | | | |
| **SEPTIEMBRE** | | | | **OCTUBRE** | | | | **NOVIEMBRE** | | | | **DICIEMBRE** | | | | **ENERO** | | | | | **FEBRERO** | | | |
| **1** | **2** | **3** | **4** | **1** | **2** | **3** | **4** | **1** | **2** | **3** | **4** | **1** | **2** | **3** | **4** | **1** | **2** | **3** | **4** | **1** | | **2** | **3** | **4** |
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NOMBRE Y FIRMA DEL PRESTANTE RESPONSABLE DEL PROGRAMA

EN LA DEPENDENCIA