**REPORTE MENSUAL DEL SERVICIO SOCIAL**

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| **REPORTE No.1/6** | | | | | | | | |
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| **NOMBRE DEL ALUMNO:** | | |  | | | | | |
| **INSTITUTO DONDE PRESTA SU SERVICIO SOCIAL:** | | | | | | |  | |
| **DEPARTAMENTO:** | |  | | | | | **TELEFONO:** |  |
| **ESCUELA:** |  | | | **CARRERA:** | |  | | |
| **PERIODO¨:** | | | | | | |  | |
| **PROGRAMA:** | | | | |  | | | |
| **NOMBRE DEL ASESOR DEL PROGRAMA:** | | | | |  | | | |

**ACTIVIDADES REALIZADAS DURANTE EL MES:**

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| --- | --- | --- | --- | --- |
| **EL RESPONSABLE DEL PROGRAMA:** | |  | **EL PRESTADOR DEL SERVICIO SOCIAL:** | |
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|  | |  |  | |
| **Vo. Bo.**  **EL ASESOR MAESTRO:** | | | | |
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