**CARTA DE ASIGNACIÓN**

**DATOS DEL PRESTANTE DE SERVICIO SOCIAL**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | |
| **NOMBRE DEL ALUMNO**: | | | | DE SANTIAGO LUIS ANTONIO | | **EDAD**: | 19 AÑOS | **SEXO**: | | | MASCULINO | | | |  |
|  | | | | | | | | | | | | | | | |
| **DIRECCION**: | | AVENIDA JUAREZ N° 20 COL. SAN JUAN CERRITOS,S.L.P | | | | | | | **TELEFONO:** | | | 4811238556 | | |  |
|  | | CALLE Y NÚMERO | | | COLONIA | CIUDAD Y ESTADO | | |  | | | | | | |
| **CARRERA:** | TCNICO EN INFORMATICA | | | | | | | | **SEMESTRE:** | | | | CUARTO | |  |
|  | | | | | | | | | | | | | | | |
| **No. DE CONTROL:** | | | 11124011410903 | | | **No. DE CRÉDITOS CUBIERTOS:** | | | | **70 %** | | | |  | |
|  | | | | | | | | | | | | | | | |

**DATOS DEL PROGRAMA**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NOMBRE DEL PROGRAMA:** | | Captura de información alumnos del servicio social | **OBJETIVO**: | | QUE AL FINAL DEL SERVCIO SOCIAL HAYA LOGRADO LOS RESULTADOS ESPERADOS TANTO YO COMO LA DEPENDENCIA. | | | |
| **ACTIVIDADES A DESARROLLAR**: | | | **TIPO DE ACTIVIDADES**: | | | | | |
| **1** | APLICAR ENCUESTAS DE EGRESADOS | | ADMINISTRATIVAS | | | **( X )** |  | |
| **2** | ARCHIVAR DOCUMENTOS DE SERVICIO SOCIAL Y PRACTICAS | | TECNICAS | | | **( X )** |  | |
| **3** | CAPTURAR INFORMACION | | ASESORIA | | | **( )** |  | |
| **4** | APOYAR EN CAMPAÑAS DEL DIA MUNDIAL DEL MEDIO AMB | | INVESTIGACION | | | **( )** |  | |
| **5** |  | | DOCENTES | | | **( )** |  | |
| **6** |  | |  | | |  |  | |
| **7** |  | | OTRAS: |  | | | |  |

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SI** | **X** | **NO** | | **X** | | | | **EN DONDE:** | | | |  | | | | | | | | |  | |
|  | | | | | | | | **HORARIO DE ACTIVIDADES** | | | | | | | 16:00 -20:00 HRS | **DÍAS DE TRABAJO:** | | LUNES A VIERNES | | |  | |
| **FECHA:** | | | 28 | | |  | 01 | | |  | 2019 | | |  | | | LIC. IGNACIO ZARATE IZAGUIRRE | | |  | |
|  | | | **DIA** | | **MES** | | | | **AÑO** | | | |  | | | | **RESPONSABLE DE LA DEPENDENCIA** | |  | | |