**PLAN DE TRABAJO**

**SERVICIO SOCIAL**

NOMBRE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CARRERA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. DE CONTROL: \_\_\_\_\_\_\_\_\_\_\_\_\_

PROGRAMA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **ACTIVIDADES** | **AGO** | **SEP** | **OCT** | **NOV** | **DIC** | **ENE** | **FEB** |
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| FIRMA DEL PRESTADOR DE SERVICIO SOCIAL  | NOMBRE Y FIRMA DEL RESPONSABLE DEL PROGRAMA (Y SELLO DE LA DEPENDENCIA) |