Servicio Social SSFAUV2 Xalapa

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| **Unidad Receptora donde realizará el Servicio Social** | |
| Nombre de la Entidad Receptora |  |
| Dirección Física de la Empresa |  |
| Responsable del Programa en la Empresa |  |
| Correo Electrónico de Contacto |  |
| Teléfono |  |

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| **Datos del prestador(a) del Servicio Social** | |
| Nombre |  |
| Matrícula |  |
| Correo Electrónico particular |  |
| Teléfono |  |

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| **Descripción de Actividades (glosa)** |
| |  | | --- | | Objetivo de la prestación del servicio social: | |  | |  | |  | |  | |

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| **ACTIVIDADES A REPORTAR** | | | | | | | | | | | | |
| **ACTIVIDAD** | **MES**  *Duración del servicio: mínimo 6 meses, máximo 11 meses, selecciona solamente las casillas necesarias.* | | | | | | | | | | | |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **horas** |
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|  | **TOTAL** | | |  |  |  |  |  |  |  |  |  |

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| NOMBRE Y FIRMA DEL REPRESENTANTE DE LA UNIDAD RECEPTORA (ASESOR) |
| NOMBRE Y FIRMA DEL PRESTADOR(A) DE SERVICIO SOCIAL |