**DATOS DE IDENTIFICACIÓN**

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| **APELLIDO PATERNO** | **APELLIDO MATERNO** | **NOMBRE (S)** |
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| **MATRÍCULA** | **SECCIÓN** | **PERIODO DE INSCRIPCIÓN / AÑO** |
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**INFORMACIÓN DEL PROGRAMA DE ACTIVIDADES**

**OBJETIVO GENERAL DEL PROGRAMA**

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| **OBJETIVOS ESPECÍFICOS** | **ACTIVIDADES** |
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**CRONOGRAMA DE ACTIVIDADES (MESES – SEMANAS)**

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| **ACTIVIDADES** | **Marzo** | | | | **Abril** | | | | **Mayo** | | | | |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** |
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Xalapa-Enríquez, Ver; a **XX** de **XXXX** del **XXXX**

**FIRMAS**

**ENTIDAD PRACTICANTE**