**ASISTENCIA DE SERVICIO SOCIAL**

FECHA DEL \_\_\_ DE \_\_\_\_\_\_\_\_\_AL \_\_\_ DE \_\_\_\_\_\_\_\_\_\_ DEL 20\_\_.

NOMBRE DEL ESTUDIANTE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NO. DE REGISTRO ESTATAL DE SERVICIO SOCIAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| HORARIO | LUNES | MARTES | MIERCOLES | JUEVES | VIERNES |
| 7:00 A 8:00 |  |  |  |  |  |
| 8:00 A 9:00 |  |  |  |  |  |
| 9:00 A 10:00 |  |  |  |  |  |
| 10:00 A 11:00 |  |  |  |  |  |
| 11:00 A 12:00 |  |  |  |  |  |
| 12:00 A 13:00 |  |  |  |  |  |
| 13:00 A 14:00 |  |  |  |  |  |
| 14:00 A 15:00 |  |  |  |  |  |
| 15:00 A 16:00 |  |  |  |  |  |
| 16:00 A 17:00 |  |  |  |  |  |
| 17:00 A 18:00 |  |  |  |  |  |

|  |  |
| --- | --- |
| TOTAL DE HORAS |  |

|  |  |
| --- | --- |
| NOMBRE**, FIRMA Y SELLO DEL RESPONSABLE DE SERVICIO SOCIAL POR PARTE DE LA UNIDAD RECEPTORA** | **VALIDÓ**  **DEPARTAMENTO DE SERVICIO SOCIAL**  **Y RESIDENCIA PROFESIONAL** |