**INSTITUTO TECNOLÓGICO DE COMITANCILLO**

**DEPARTAMENTO DE GESTIÓN TECNOLÓGICA Y VINCULACIÓN**

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| **PLAN DE TRABAJO DE SERVICIO SOCIAL** | | | |
| FECHA DE ELABORACIÓN: | | | |
| **DATOS PERSONALES** | | | |
| Nombre: |  | | |
| Carrera: |  | | |
| No. de Control |  | | |
| **DATOS DE LA ORGANIZACIÓN O DEPENDENCIA** | | | |
| Nombre: |  | | |
| Departamento o Área |  | | |
| Nombre del programa: |  | | |
| **OBJETIVOS GENERAL Y ESPECÍFICOS:** | | | |
| **General:** |  | | |
| **Específicos:** |  | | |
| **IMPACTOS ESPERADOS**  **( incidencia en la atención de problemas regionales y/o nacionales):** | | | |
|  | | | |
| NOMBRE, PUESTO Y FIRMA DEL(DE LA) RESPONSABLE DEL PROGRAMA | | **sello** | FIRMA DEL(DE LA) ALUMNO(A) PRESTANTE DEL SERVICIO SOCIAL |

**CRONOGRAMA DE ACTIVIDADES:**

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| **ACTIVIDADES** | **MES 1** | | | | **MES 2** | | | | **MES 3** | | | | **MES 4** | | | | **MES 5** | | | | **MES 6** | | | | **MES 7** | | | |
| S1 | S2 | S3 | S4 | S1 | S2 | S3 | S4 | S1 | S2 | S3 | S4 | S1 | S2 | S3 | S4 | S1 | S2 | S3 | S4 | S1 | S2 | S3 | S4 | S1 | S2 | S3 | S4 |
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