**Logo de la dependencia**

**PLAN DE TRABAJO DEL PRESTADOR DE SERVICIO SOCIAL**

**Nombre**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Apellido Paterno Apellido Materno Nombre (s)

**Carrera**: No de Control: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nombre de la dependencia:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Número de horas a cubrir:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Planeación del Periodo:**  (Fechas en la que planea realizar el servicio social)

**Objetivo General del Programa**: El objetivo general del programa

**Objetivos Específicos:** (Describir los objetivos específicos)

**PLANEACIÓN DE LAS ACTIVIDADES EN CRONOGRAMA (agregar las filas que requiera en su cronograma)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No. | ACTIVIDAD | **CRONOGRAMA DE ACTIVIDADES DEL PROGRAMA: (Anotar el nombre del programa)** | | | | | | | | | | | | | | | | | | | | | | | |
| ENERO | | | | FEBRERO | | | | MARZO | | | | ABRIL | | | | MAYO | | | | JUNIO | | | |
| 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  N0MBRE,PUESTO Y FIRMA DEL ASESOR | SELLO | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  FIRMA DEL INTERESADO |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Vo. Bo. OFNA. SERVICIO SOCIAL  DEL INSTITUTO TECNOLÓGICO |