**Cronograma de actividades de Servicio Social.**

**Nombre del estudiante:**

**Carrera:**

**Grado y grupo:**

**Lugar de servicio social:**

**Periodo de servicio social:**

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| **Mes** | **Agosto** | | | | **Septiembre** | | | | **Octubre** | | | | **Noviembre** | | | | **Diciembre** | | | | **Enero** | | | |
| **Semana** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Actividades** |  | | | | | | | | | | | | | | | | | | | | | | | |
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| **Responsable del área (nombre del área)** | **Jefe de la oficina de Servicio Social.** | **Subdirector Académico.** | **Director del Plantel.** |
|  |  |  |  |
|  | **M.D.C. Karen Zidoni Medina Soni** | **Ing. José Eduardo Vicente Arbona.** | **M.C. José Luis Santiago Hernández.** |