**INFORME TRIMESTRAL MCP**

**Fecha de entrega:**

**DATOS DE IDENTIFICACIÓN**

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| --- | --- | --- | --- |
| **Nombre:** |  | **Código:** |  |
| **Correspondiente al trimestre:** | **1** |  | **2** |  | **3** |  | **4** |  | **Carrera:** |  |
| **Lugar donde realiza su S.S:** |  |
| **Domicilio:** |  | **Teléfono:** |  |
| **Municipio:** |  | **Estado:** |  | **Fechas reportadas:** | **Del al** |
| **Programa:** |  | **Turno:** |  |

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| **ACTIVIDADES REALIZADAS** |

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| **Académicas:** | **Si** |  | **No** |  |
| **Actividad** | **Señale cantidad y trimestre correspondiente** |
| **1er trim** | **2do trim** | **3er trim** | **4to trim** | **TOTAL a la fecha** |
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| **Administrativas:** | **Si** |  | **No** |  |
| **Actividad** |  **Señale cantidad y trimestre correspondiente** |
| **1er trim** | **2do trim** | **3er trim** | **4to trim** | **TOTAL a la fecha** |
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| **Investigación:** | **Si** |  | **No** |  |
| **Actividad** | **Señale cantidad y trimestre correspondiente** |
| **1er trim** | **2do trim** | **3er trim** | **4to trim** | **TOTAL a la fecha** |
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| **Docencias:** | **Si** |  | **No** |  |
| **Actividad** | **Señale cantidad y trimestre correspondiente** |
| **1er trim** | **2do trim** | **3er trim** | **4to trim** | **TOTAL a la fecha** |
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| **Otras (especifique cuales):** | **Si** |  | **No** |  |
| **Actividad** | **Señale cantidad y trimestre correspondiente** |
| **1er trim** | **2do trim** | **3er trim** | **4to trim** | **TOTAL a la fecha** |
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### COORD. DESARROLLO INSTITUCIONAL DRA. NANCY RUBI ESTRADA LEDESMA  JEFA DE LA UNIDAD DE SERVICIO SOCIAL

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**C**OORDINADOR DE CARRERA DE CUSUR

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###  NOMBRE Y FIRMA DE SU NOMBRE Y FIRMA

###  JEFE INMEDIATO SUPERIOR DEL PASANTE