**Departamento de Registro y Acreditación**

**Informe Bimestral** ­

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Nombre: | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Carrera: |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Programa: | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Subprograma: | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bimestre: | | | 1° | | | 2° | | **3°** | | 4° | | 5° | 6° | Del | |  |  |  | al | | |  | |  |  |
|  | | | | | | | | | | | | | | | | Día | Mes | Año |  | | | Día | | Mes | Año |
| Dependencia receptora: | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Localidad: | |  | | | | | | | | | | | | | Municipio: |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Actividades (resumen)** | | | | | | | | | | | | | | | | | | | | | **Horas laboradas** | | | | |
|  | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Total de horas | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Observaciones: | | | | |  | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Avance del programa en %: | | | | | | | | |  | | | | Horas acumuladas: | | | | | | | | | |  | | |
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| , Mich., a de del 201 . | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Prestador | | | | | | | | | | | Vo.Bo. | | | | Autorizó | | | | | |
| (Nombre y Firma)  **Recuerda conservar copia de tu documento.** | | | | | | | | | | | Encargado del programa | | | | Dirección | | | | | |
| (Nombre, Puesto, Firma, Sello) | | | |  | | | | | |

*Nota: Para dudas o aclaraciones contáctanos por medio de nuestras Redes Sociales o Correo Electrónico.*