**Departamento de Registro y Acreditación**

**Informe Global**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Nombre: | |  | | | | | | | | | | | | | | | | | | |
| Carrera: |  | | | | | | | | | | | | | | | | | | | |
| Programa: | |  | | | | | | | | | | | | | | | | | | |
| Subprograma: | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Periodo de la prestación. | | | | | | Inicio: | |  | |  |  | Término: | | |  |  | |  | |
| Día | | Mes | Año |  | | | Día | Mes | | Año | | |
| Dependencia receptora: | | | | |  | | | | | | | | | | | | | | | |
| Localidad: | |  | | | | | | | | | Municipio: | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Actividades** | | | | | | | | | | | | | | | | | | | **Horas laboradas** | |
|  | | | | | | | | | | | | | | | | | | |  | |
| **Total de horas** | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Asesorado por:** | | | |  | | | | | | | | | | | | | | | | |
| Anexar Constancia de terminación del servicio social, expedida por la dependencia receptora del servicio social (firmada y sellada por el responsable del programa.) | | | | | | | | | | | | | | | | | | | | |
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| , Mich., a de del 201 . | | | | | | | | | | | | | | | | | | | | |
| **Recuerda conservar copia de tu documento.** | | | | | | | | | | | | | | | | | | | | |
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| Prestador | | | | | | | Vo.Bo. | | | | | Autorizó | | | |
| (Nombre y Firma) | | | | | | | Encargado del programa | | | | | Dirección | | | |

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