**ANEXO XXII. REPORTE BIMESTRAL DE SERVICIO SOCIAL**

**Departamento de Gestión Tecnológica y Vinculación**

**Reporte bimestral de Servicio Social**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | Reporte No.:\_\_\_\_\_ |
| Nombre: |  |  |
|  |  |  |  |
|  | Primer apellido | Segundo apellido | Nombre(s) |

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

 **Periodo Reportado:**

Del día\_\_\_\_\_ mes\_\_\_\_\_\_\_\_\_ año\_\_\_\_\_\_; al día\_\_\_\_\_ mes\_\_\_\_\_\_\_\_\_ año\_\_\_\_\_\_\_\_

Dependencia: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Programa: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resumen de actividades: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total de horas de este reporte: \_\_\_\_\_\_ Total de horas acumuladas: \_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Sello | Firma del interesado |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  |
|  |  |  |
| Nombre, puesto y firma |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| del supervisor |  | Vo. Bo. Oficina de Servicio Social |
|  |  |  |  |