

Casa Blanca

**CASA ABIERTA AL PENSAMIENTO CREATIVO**

**CARTA DE ASIGNACIÓN DE SERVICIO SOCIAL**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATOS DEL PRESTADOR** | | | | | | | | | | | | | | | | |
| **No. DE REGISTRO** | | **NOMBRE** | | | | | | | | | | | | | | |
| **APELLIDO PATERNO** | | | | | **APELLIDO MATERNO** | | | | **NOMBRES** | | | | | |
|  | |  | | | | |  | | | |  | | | | | |
| **CARRERA** | | | |  | | | | | | | | | | | | |
| **INSTITUCIÓN EDUCATIVA** | | | | UNIVERSIDAD CASA BLANCA | | | | | | | | | | | | |
| **DOMICILIO DE LA INSTITUCIÓN EDUCATIVA** | | | | RUPERTO L. PALIZA 694 NTE. COL. CENTRO, CULIACÁN, SINALOA. | | | | | | | | | | | | |
|
| **PORCENTAJE DE CRÉDITOS CUBIERTO A LA FECHA** | | | | | | | | | | | 95% | | | | | |
| **DATOS DE PROGRAMA DONDE SE PRESTA EL SERVICIO SOCIAL** | | | | | | | | | | | | | | | | |
| **NOMBRE** | |  | | | | | | | | | | | | | | |
| **OBJETIVO** | |  | | | | | | | | | | | | | | |
| **ACTIVIDADES QUE DESARROLLA** | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **PERIODO DE REALIZACIÓN** | | | **DÍA** | | **MES** | | | **AÑO** | | **AL** | | **DÍA** | | **MES** | | **AÑO** |
|  | |  | | |  | |  | |  | |  | |  |
| **TOTAL DE HORAS DE DURACIÓN DEL PROGRAMA** | | | | | | 480 HRS. | | | | | | | | | | |
| **DEPENDENCIA RECEPTORA** | | | | | |  | | | | | | | | | | |
| **DOMICILIO DE LA DEPENDENCIA RECEPTORA** | | | | | | | | | | | | | **TELÉFONO** | | | |
|  | | | | | | | | | | | | |  | | | |
| **RESPONSABLES** | | | | | | | | | | | | | | | | |
|  |  |  | |  | | |  | |  | |  | |  | |  |  |
| **Lic. Gilberto Aguilar Ibarra** | | | | | | | | | **nombre del asesor** | | | | | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |
| **COORDINADOR DE SERVICIO SOCIAL** | | | | | | | | | **RESPONSABLE DEL PROGRAMA** | | | | | | | |
|  |  |  | |  | | |  | | **ACEPTO ASIGNACIÓN** | | | | | | | |
|  |  |  | |  | | |  | |  | |  | |  | |  |  |
| **Lic. Marisin Andrea Ley Roy** | | | | | | | | | **nombre del alumno** | | | | | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |
| **SECRETARÍA DE EDUCACIÓN PÚBLICA Y CULTURA** | | | | | | | | | **FIRMA DEL PRESTADOR** | | | | | | | |