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|  | **INSTITUTO TECNOLÓGICO SUPERIOR DE PURÍSIMA DEL RINCÓN** | |
| **INSCRIPCIÓN AL SERVICIO SOCIAL** | Código: P016-03 |
| Revisión: 0 |
| Fecha: 06/06/18 |
| Hoja 1 de 1 |

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| **DATOS DEL ESTUDIANTE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NOMBRE:** (como el acta de nacimiento) | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **CARRERA:** | |  | | | | | | | | | | | | | | | | **NO. DE CONTROL:** | | | | | |  | | | | | | |
| **SEMESTRE:** | |  | | | | | **CORREO ELECTRÓNICO:** | | | | | | | | |  | | | | | | | | | | | | | | |
| **SEXO:** | **Masculino** | | |  | | | **Femenino** | | | |  | | **TELÉFONO CELULAR:** | | | | | |  | | | | | | | | | | | |
| **DOMICILIO:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DATOS DE LA INSTITUCIÓN EN LA QUE SE VA A PRESTAR EL SERVICIO SOCIAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NOMBRE DE LA INSTITUCIÓN:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **DOMICILIO:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NOMBRE DEL SUPERVISOR / SUPERVISORA** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **PUESTO:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CORREO ELECTRÓNICO:** | | | | | | | | |  | | | | | | | | | | | **TELÉFONO:** | | | | |  | | | | | |
| **DATOS DEL PROGRAMA DE SERVICIO SOCIAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NOMBRE DEL PROGRAMA:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **ACTIVIDADES A REALIZAR:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **TIPO DE PROGRAMA** | | | | | | **EDUCATIVO** | | | |  | | **SOCIAL** | | |  | **SALUD** |  | | **MEDIO AMBIENTE** | |  | | **INSTITUCIONAL** | | | | |  | **OTRO** |  |
| **¿EL PROGRAMA SE REALIZA EN UNA COMUNIDAD RURAL?** | | | | | | | | | | | | | | | | | | | | | | **SI** | | | |  | **NO** | | |  |
| **HORARIO Y DÍAS:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FECHA DE INCIO DEL SERVICIO SOCIAL:** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **AUTORIZACIÓN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SELLO DE LA INSTITUCIÓN RECEPTORA | | | | | | | | | | | | | | | | | SELLO ITSPR | | | | | | | | | | | | | |
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| **FIRMA DEL SUPERVISOR / SUPERVISORA DEL SERVICIO SOCIAL** | | | | | | | | | | | | **FIRMA COMPROMISO DEL ESTUDIANTE SOLICITANTE** | | | | | | | | | **FIRMA DEL ÁREA DE SERVICIO SOCIAL** | | | | | | | | | |
| \*Cualquier anomalía o situación que incurra en el incumplimiento o afecte la imagen del Instituto le pedimos lo reporte al área de Extensión al teléfono 7447100. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |