**PLAN DE TRABAJO DE SERVICIO SOCIAL**

**Departamento de Gestión Tecnológica en los Institutos Tecnológicos Descentralizados**

|  |  |
| --- | --- |
| **FECHA DE ELABORACIÓN:** | 29 de julio de 2024 |

**DATOS PERSONALES**

|  |  |  |  |
| --- | --- | --- | --- |
| Nombre: | (2) | | |
|  | Apellido Paterno | Apellido Materno | Nombre (s) |

|  |  |  |  |
| --- | --- | --- | --- |
| Carrera: | (3) | No. de Control: | (4) |

**DATOS DE LA DEPENDENCIA:**

|  |  |
| --- | --- |
| Nombre: | (5) |

|  |  |
| --- | --- |
| Departamento o Área: | (6) |

|  |  |
| --- | --- |
| Nombre del programa: | (7) |

**OBJETIVOS GENERAL Y ESPECÍFICOS** (8)

**General:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Específicos:**

**1.-**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.-**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CRONOGRAMA DE ACTIVIDADES:** (9)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ACTIVIDADES** | **JULIO 2024** | | | | **AGOSTO 2024** | | | | **SEPTIEMBRE 2024** | | | | **OCTUBRE 2024** | | | | | **NOVIEMBRE 2024** | | | | | **DICIEMBRE 2024** | | | | **ENERO 2025** | | | | |
| S1 | S2 | S3 | S4 | S1 | S2 | S3 | S4 | S1 | S2 | S3 | S4 | S1 | S2 | S3 | S4 | S1 | | S2 | S3 | S4 | S1 | | S2 | S3 | S4 | | S1 | S2 | S3 | S4 |
|  |  |  |  | x |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  |  |  | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  |  |  | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  |  |  | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | x |

**IMPACTOS ESPERADOS:**(10)

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| (11)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NOMBRE, PUESTO Y FIRMA DEL (DE LA) RESPONSABLE DEL PROGRAMA | (12)  SELLO | (13)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  FIRMA DEL (DE LA) ALUMNO(A) PRESTANTE DEL SERVICIO SOCIAL |