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| **DATOS DEL ALUMNO**  NOMBRE: | | | | | | **(xxxxxxxxxxxxxxxxx)** | | | | | | | | | | | | | | |  | | | | **(xxxxxxxxxxxxxxxxx)** | | | | | | | | |  | | | **(xxxxxxxxxxxxxxxxx)** | | | | |  | | |
|  | | | | | | APELLIDO P. | | | | | | | | | | | | |  | | | APELLIDO M. | | | | | | | | | | |  | | NOMBRES (S) | | | | | | | |  | |
| CARRERA: | | | | | | **(xxxxxxxxxxx)** | | | | | | | |  | | | | |  | | | | | | | | LINEA DE FORMACIÓN: | | | | | | **(xxxxxxxxx)** | | | | | | |  | | |  | |
| SEMESTRE: | | | | | | **(xxxxxxxxxx)** | | | | | | | | |  | | | | | | | | | | | | TURNO: | | | | | | Matutino ( ) | | | | | | | Vespertino ( ) | | |  | |
| No. DE aFILIACIÓN DE SALUD: | | | | | | **(xxxxxxxxxxxxxxxxx)** | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | |  | |
| DOMICILIO: CALLE: | | | | | | **(xxxxxxxxxxxxxxxxxxxx)** | | | | | | | | | | | | | | | | | | | | | |  | | | COL. | | **(xxxxxxxxxxxxxxxxxxxxxxx)** | | | | | | | | | |  | |
| MUNICIPIO: | | | | | | **QUERÉTARO** | | | | | |  | | | | | | | | | | | | | | | | | | | ESTADO: | | **QUERÉTARO** | | | | | | | | | |  | |
| TEL. PART.: | | | | **(xxxxxxxxxxx)** | | | | | | TEL. CEL.: | | | | | | | | **(xxxxxxxxxxxxxxx)** | | | | | | | | | | | | | E-MAIL: | | **(xxxxxxx@xxxxxxxxxxxxxxx)** | | | | | | | | | |  | |
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| **NOMBRE DEL LUGAR DONDE REALIZARÁ LAS PRACTICAS PROFESIONALES:** | | | | | | | | | | | | | | | | | | | | | | | **(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX)** | | | | | | | | | | | | | | | | | |  | | | |
| DOMICILIO: | | | **(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX)** | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | |  | | | | | |
| NOMBRE DEL TITULAR RESPONSABLE: | | | | | | | | **(xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| TELÉFONO: | | **(XXXXXXXXXX)** | | | | | | |  | | | | | | | | | | |  | | | | | | | | | |  | |  | | | | | | | | |  | | | |
|  | |  | | | | | | | DIAS Y HORAS EN QUE LLEVARÁ A CABO LAS PRACTICAS: | | | | | | | | | | | | | | | | | | | | | | LUNES A VIERNES  DE 00:00AM A 00:00PM | | | | | | | | | |  | | | |
|  | | | | | | | | | FECHA DE CARTA LIBERACIÓN SERVICIO SOCIAL: | | | | | | | | | | | | | | | | | | | | | | **(XX/XXXXX/XXXX.)** | | | | | | | | | |  | | | |
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| **RESPONSABLE DE PRACTICAS EN LA INSTITUCIÓN RECEPTORA: XXXXXXXXXXXXXXXXXXXXXXX** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PERIODO DE PRESTACION DE PRÁCTICAS PROFESIONALES.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | | | | | DE: | | | | | | (XX/XXXX/XXXX) | | | | | | | | | | | | | | | a: | | | | (XX/XXXX/XXXX) | | | | | | | |  |  | | | | | |
|  | | | | |  | | | | | | DIA   MES   AÑO | | | | | | | | | | | | | | |  | | | | DIA   MES   AÑO | | | | | | | |  |  | | | | | |
| MUNICIPIO EN QUE SE REALIZA: | | | | | | | **QUERÉTARO** | | | | | | | | | |  | | | | | | | | |  | | | |  | | | | | | | |  |  | | | | | |
| **ACTIVIDADES ESPECÍFICAS DEL ALUMNO:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **YUNNUEN KARELI CRISÓSTOMO MARTINEZ** | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | |  | |
|  | COORDINADORA DE SERVICIO SOCIAL Y PRACTICAS PROFESIONALES | | | | | | | | | | | | | | | | | | | | | | |  | | | | | NOMBRE Y FIRMA DEL RESPONSABLE DE LA INTITUCIÓN  (SELLO DE LA INSTITUCIÓN) | | | | | | | | | | | | | | |  | |

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| No. EXPEDIENTE |
| **(XXXXXXXX)** |