FACULTAD DE ESTUDIOS SUPERIORES

ZARAGOZA

CARRERA DE BIOLOGÍA

SERVICIO SOCIAL

HOJA DE DATOS PARA EL REGISTRO DEL SERVICIO SOCIAL

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| No. De Cta.: | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | |
| Nombre del alumno: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Apellido paterno | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Apellido materno | | | | | | | | | | | | | | | | | | | | Nombre (s) | | | | | | | | | | |
| Domicilio: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Col.: |  | | | | | | | | | | | | | | C.P.: | | |  | | | | Delegación: | | | | | |  | | |
| Entidad Federativa: | | | | | | | | | | |  | | | | | | | | | | | | | | | Tel: |  | | | |
| Fecha de nacimiento: | | | | | | | | | | | |  | | | | | | | | Edad: | | | |  | | | | Sexo: |  | |
| R.F.C.: | | | |  | | | | | | | | | | | | | | | | CURP. | | | | |  | | | | | |
| Correo electrónico: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Porcentaje de créditos: | | | | | | | | | | | | |  | | | | | | Promedio: | | | |  | | | | Semestre: | | |  |
| Cuenta con beca o la tuvo: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Realización del Servicio Social y Tesis: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Titulación por Servicio Social: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Responsable del S.S. de la Fac.: | | | | | | | | | | | | | | | | | Biól. Yolanda Cortés Altamirano | | | | | | | | | | | | | |
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| Clave del programa: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Nombre del programa: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| Institución responsable: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Área: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Coord. Directo: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| Domicilio: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Cargo: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tel: |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Fecha de inicio: | | | | | | |  | | | | | | | | | | | | | Fecha de término: | | | | | | |  | | | |
| Horario: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Observaciones: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| Firma del Coordinador directo (Asesor) | Firma del alumno |

