**SOLICITUD DE SERVICIO SOCIAL**

1. **Datos Personales:**

|  |  |  |  |
| --- | --- | --- | --- |
| Nombre del prestador del Servicio Social: |  |  |  |
| *Apellido paterno* | *Apellido materno* | *Nombre(s)* |

|  |  |  |
| --- | --- | --- |
| Domicilio particular: |  |  |
|  | *Calle* | *Núm.* |

|  |  |  |  |
| --- | --- | --- | --- |
| Colonia y localidad: |  | Teléfono: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Edad: |  | Sexo: | **M( ) F( )** |
| Correo electrónico / Facebook: |  |

1. **Escolaridad:**

|  |  |  |  |
| --- | --- | --- | --- |
| Especialidad o Carrera: |  | Semestre: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Créditos aprobados: |  | Número de Control: |  |

1. **Datos para la prestación del Servicio Social:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Periodo de inicio: |  |  |  | Término: |  |  |  |

|  |  |
| --- | --- |
| Deseo prestar mi Servicio Social en: |  |
|  | *Dependencia Oficial U Organismo* |

|  |  |
| --- | --- |
| Nombre y cargo de la Persona a quien se le dirige el Oficio: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Dirección: |  | Teléfono: |  |

|  |  |
| --- | --- |
| Nombre del Programa: |  |

|  |  |
| --- | --- |
| Actividad Básica: |  |

|  |  |  |
| --- | --- | --- |
| Modalidad: | **( ) Individual ( ) Grupal o colectiva ( ) Otra ¿Cuál?** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Áreas: | **( ) urbana**  | **( ) suburbana**  | **( ) rural** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Lugar y Fecha: | **Tijuana B. C. a** |  | **de** |  | **de 20** |  |

|  |  |  |
| --- | --- | --- |
|  |  | **Leonarda ramos lópez** |
| *Firma del Prestante* |  | *Vo. Bo. Del Jefe De La Oficina De Servicio Social* |

|  |  |  |
| --- | --- | --- |
|  | **a. gerardo martínez valencia**  |  |
|  | *Nombre y firma del Director del Plantel* |  |
|  |  |  |