**Solicitud de Registro al Programa de Servicio Social**

**Dirección General de Recursos Humanos**

**Dirección de Planeación y Desarrollo**

**Subdirección de Planeación**

**y Prácticas Profesionales en la SCT**

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| Foto |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |
|  |  |  |  |  |  |  |  |  |  | | Fecha de Solicitud: | | | | | | |  | | | | | | |
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|  |  |  |  |  |  |  |  |  | Número de Expediente: | | | | | | | | |  | | | | | | |
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|  |  |  | Servicio Social | | | | |  |  | Prácticas Profesionales | | | | | | | |  |  |  | Art. 91 | | | |

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| **DATOS PERSONALES** | | | | | | | | | | | |
|  | | | | | |  | | |  | | |
| Apellido Paterno | | | | | | Apellido Materno | | | Nombre (s) | | |
| Fecha de Nac. | | | Sexo | | Teléfono (Casa) | | | | Teléfono Celular | | |
| Día | Mes | Año | M | F |  | | | |  | | |
|  |  |  |  |  |
|  |  |  |  |  | Correo electrónico: | |  | | | | |
| Domicilio: | |  | | | | | | | |  |  |
| Calle | | | | | | | | No. Ext. | No. Int. |
|  | | | | | | | |  |  |  | |
| Colonia | | | | | | | | C.P. | Estado | Del. / Mun. | |

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| **DATOS DE LA INSTITUCIÓN EDUCATIVA** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Institución Educativa de la que proviene: | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Carrera: | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Estudios de nivel: | | | | |  | Técnico | |  |  |  | Licenciatura | | | | | | | |  | Otro: |  | | | | | | |
| Número de matrícula dentro de la Institución Educativa: | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Nombre del programa al que le interesa ingresar: | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
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| Turno en el que deseas realizar tu Servicio Social  Matutino  Vespertino  y/o Prácticas Profesionales:  Nombre y cargo de la(s) persona(s) a quien(es) irán dirigidas las cartas de inicio y término: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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