**I.E.D MONSEÑOR AGUSTÍN GUTIÉRREZ**

**FORMATO CONTROL SERVICIO SOCIAL**

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| **NOMBRES** | | | | **APELLIDOS** | | | | **DOCUMENTO DE IDENTIDAD** | | | |
| **FECHA DE INICIO** | | |  |  |  | **FECHA DE TERMINACIÓN** |  |  |  | **TOTAL**  **HORAS** |  |
| **LUGAR DONDE RALIZA LAS HORAS** | | | | | | **NOMBRE Y APELLIDO DEL RESPONSABLE** | | | | | |
| **DIAS** | **Lunes: \_\_ Martes: \_\_\_ Miércoles: \_\_ Jueves: \_\_ Viernes: \_\_\_ Sábados: \_\_** | | | | | | | | | | |
| **FECHA** | | **ACTIVIDAD** | | | | | **NUMERO DE HORAS** | | **FIRMA DE QUIEN COORDINA** | | |
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Responsable Docente Coordinador Proyecto

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Rector Coordinador