**DEPARTAMENTO DE VINCULACION CON EL SECTOR PRODUCTIVO**

FOTO

**SOLICITUD DE PRÁCTICA PROFESIONAL**

**DATOS DEL SOLICITANTE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NOMBRE:** |  | | | | | | | | | **EDAD:** | |  | **SEXO:** | |  |
|  |  | | | | | | | | |  | |  |  | |  |
| **DOMICILIO:** |  | | | | | | | | |  | | | |  | |
|  | **CALLE Y NUMERO** | | | | | | **COLONIA** | | | **C.P** | | | | | |
| **ESTADO:** |  | | **TELEFONO:** | |  | | | |  |  | **No. DE CONTROL:** | | |  | |
| **SEMESTRE:** | **6** | **GRUPO:** | |  | | **TURNO:** | |  | | | | **ESPECIALIDAD:** | |  | |

**MODALIDAD PARA CUBRIR LA PRÁCTICA PROFESIONAL**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* CUBRIR 4 HORAS DIARIA EN 3 MESES\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**DATOS DE LA EMPRESA**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NOMBRE DE LA EMPRESA:** | | | |  | | | | | | | | | | | | | | | | | |
| **GIRO DE LA EMPRESA:** | | | |  | | | | | | | | | | | | | | | | | |
| **DOMICILO DE LA EMPRESA:** | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | **CALLE Y NUMERO** | | | | | **COLONIA** | | |  | **C.P.** | |  | | |
| **CIUDAD:** |  | | | |  | **MUNICIPIO:** | | |  | | | | | **ENTIDAD FEDERATIVA:** | | | |  | | |
| **TELEFONO(S):** | |  | | | | | | | | **FAX:** |  | | | | **RFC:** | | |  | | | |
| **TIPO DE EMPRESA** | | | | | | | | | | | | | | | | | | | |
| **PUBLICO:** | |  | | | | **PRIVADO:** | | |  | | |
| **HORARIO DE TRABAJO:** | | |  | | | | | | | | | | | | | | | | | | |
| **SERVICIOS Y/O PRODUCTOS QUE OFRECE:** | | | | | | |  | | | | | | | | | | | | | | |
| **ÁREA DONDE DESEA REALIZAR SU PRÁCTICA PROFESIONAL:** | | | | | | | | | | |  | | | | | | | | | | |
| **NOMBRE DEL ENCARGADO O DIRECTOR DE LA EMPRESA:** | | | | | | | | | | |  | | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | LOS MOCHIS, SINALOA, A |  | DE |  | DEL 2024 |

**SELLO DE LA EMPRESA**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **(ESCRIBIR TU NOMBRE)** |  | **(ESCRIBIR NOMBRE DEL ENCARGADO)** |
| **ALUMNO** |  | **ENCARGADO DEL ÁREA** |
|  |  |  |
|  |  |  |
| **LIC. HELENA CARAVEO BOBADILLA** |  | **LIC. VICTOR HUGO BARAJAS RUELAS** |
| **JEFA DE LA OFICINA DE PRÁCTICA PROFESIONAL** |  | **DIRECTOR DEL PLANTEL** |