**INSTITUTO TECNOLÓGICO SUPERIOR DE TLATLAUQUITEPEC**

**Subdirección de Planeación y Vinculación**

**Jefatura de Vinculación**

CRONOGRAMA DE ACTIVIDADES RESIDENCIAS PROFESIONALES

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Nombre del Alumno (a). | | |  | N°. Control. | |  |
| Carrera : |  | | | Semestre. | |  |
| Nombre del Proyecto : | |  | | Empresa. |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ACTIVIDAD |  | **15-31**  **ENE** | **01-15**  **FEB** | **16-28**  **FEB** | 01-15  MAR | 16-31  MAR | 01-15  ABR | 16-30  ABR | 01-15  MAY | 15-31  MAY | 01-15  JUN |
|  | P |  |  |  |  |  |  |  |  |  |  |
| R |  |  |  |  |  |  |  |  |  |  |
|  | P |  |  |  |  |  |  |  |  |  |  |
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|  | P |  |  |  |  |  |  |  |  |  |  |
| R |  |  |  |  |  |  |  |  |  |  |
| OBSERVACIONES: | | | | | | | | | | | |

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Nombre y firma del asesor (a) externo