**INSTITUTO TECNOLÓGICO SUPERIOR DE TLATLAUQUITEPEC**

**Subdirección de Planeación y Vinculación**

**Jefatura de Vinculación**

CRONOGRAMA DE ACTIVIDADES RESIDENCIAS PROFESIONALES

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

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Nombre y firma del asesor (a) externo