**Proyecto:**

**Asesor (a): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mes trabajado:**

**Unidad Receptora: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teléfono UR:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **BRIGADISTA(S) DE SERVICIO SOCIAL** | **SEMANA** | **ASESORÍA**  | **UNIDAD RECEPTORA** | **INFORME MENSUAL** | **ETAPA DEL INFORME EN PROCESO** |
| **1** | **2** | **3** | **4** | **ASISTE** | **FALTA** | **ASISTE** | **FALTA** | **A TIEMPO** | **INCUMPLE** |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

**OBSERVACIÓN:** En caso de existir alguna observación indicarla en este apartado