**Proyecto:**

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

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

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