PLANILLA DE CONTROL HORAS DE SERVICIO SOCIAL

**NOMBRE EL ESTUDIANTE:**

**LUGAR DONDE PRESTA EL SERVICIO:**

**NOMBRE DE LA PERSONA QUE SUPERVISA EL SERVICIO:**

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| **FECHA** | **HORAS** | **SERVICIO PRESTADO** | **FIRMA DEL ESTUDIANTE** | **SUPERVISOR DE ORGANIZACIÓN** |
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| **Total de Horas:** |  | | | |

**PARA USO DE LA ORGANIZACIÓN**

**Sello de la Organización**

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**Nombre del Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**