**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 |  | **25-31**  **ENE** | **01-15**  **FEB** | **15-28**  **FEB** | 28-15  MZO | 15-30  MZO | 30-15  ABR | 15-30  ABR | 01-15  DIC |  |  |
|  | P |  |  |  |  |  |  |  |  |  |  |
| R |  |  |  |  |  |  |  |  |  |  |
|  | P |  |  |  |  |  |  |  |  |  |  |
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|  | P |  |  |  |  |  |  |  |  |  |  |
| R |  |  |  |  |  |  |  |  |  |  |
| OBSERVACIONES: | | | | | | | | | | | |

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Nombre y firma del asesor (a) externo