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| **AUTORIZACIÓN** | | | | | | | | | |
| **DATOS PARA ELABORAR CARTA DE PRESENTACIÓN** | | | | | | | | | |
| NOMBRE DEL RESPONSABLE DE LA DEPENDENCIA (LIC., DR., C., SR., ETC.): | | | | | | | | |  |
|  | | | | | | | | | |
|
| CARGO EN LA DEPENDENCIA: | | | | |  |  | |  |  |
|  | | | | | | | | | |
|
| NOMBRE DE LA DEPENDENCIA DONDE SE REALIZARÁ EL SERVICIO SOCIAL: | | | | | | | | |  |
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| TELÉFONO DE LA DEPENDENCIA: | | | | |  | | | | |
|  | |  |  | |  |  | |  |  |
| NOMBRE DEL ALUMNO: | | |  | |  |  | |  |  |
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|  |  | |  |  | |  |  | |  |
| GRUPO: |  | | GRADO: |  | | ESPECIALIDAD: |  | | |
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| No. DE CONTROL: | | |  | | | | | | |
|  | |  |  | |  |  | |  |  |
| **AUTORIZO** | | | | | | | | | |
|  | | | | | | | | | |
| NOMBRE Y FIRMA | | | | | | | | | |