**SOLICITUD DE PRÁCTICA PROFESIONAL 2018**

**Foto**

**Guamúchil, Salvador Alvarado, Sinaloa, a** 22 **de Febrero de 2018.**

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| --- | --- |
| **Nombre Completo:** |  |
|  | **APELLIDO PATERNO APELLIDO MATERNO NOMBRE(S)** |

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| **Edad:** |  | | | **años** | | | **Género:** | | | | **M ( )** | | **F ( )** | | **Teléfono Celular:** | | | |  | |
| **Domicilio:** | | |  | | | | | | | | | | | | | | **Colonia:** | |  | |
| **Ciudad:** | | **CP** | | | | | | | | | | | | | | | | **Tel. Casa:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **Correo Electrónico:** | | | | | |  | | | | | | | | | | | | | | |
| **Carrera o Especialidad:** | | | | | | | | |  | | | | | | | | | | | |
| **Semestre:** | | | **6°** | | **Grupo:** | | | | | **\_\_\_\_\_\_\_\_\_** | | **Turno:** | | **\_\_\_\_\_\_\_\_\_\_** | | **No. de Control:** | | | |  |
| **Lugar de Nacimiento: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | **CURP:** | | | |  |
| **Modalidad Educativa:** | | | | | | | | **Bachillerato Tecnológico** | | | | | | | | | | | | |

**Área en que desea realizar su Práctica Profesional: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total de horas de Práctica que debe cubrir: 240 Horas RFC EMPRESA:**

**Nombre de la Empresa:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Domicilio:** |  | **Colonia:** |  |

**Ciudad: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Teléfono:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nombre del Responsable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Puesto: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Giro de la Empresa: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Correo electrónico o Página Web: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fecha de Inicio: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha de Terminación: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**Horario: de \_\_\_\_\_\_\_\_ a\_\_\_\_\_\_\_\_ de Lunes a Viernes y Sábados de \_\_\_\_\_\_ a \_\_\_\_\_\_\_(4 a 5 horas diarias obligatorias).**

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**Firma del Alumno Nombre y Firma del Padre o Tutor**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LAE. Elvia Esther Bojórquez Caro**

**Jefa del Depto. de Vinculación con el Sector Productivo**

**EEBC/ggr\***