**DEPARTAMENTO DE ESTUDIOS PROFESIONALES**

**SOLICITUD DE RESIDENCIA PROFESIONAL**

**Fecha de la solicitud \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_**

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| **OPCION ELEGIDA:** |  |

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| Banco de  Proyectos |  |  | Propuesta  propia |  |  | Trabajador (a) |  |

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| **PERIODO PROYECTADO** |  |

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| ENE-JUN |  |  | AGO-DIC |  |

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| **NOMBRE DEL PROYECTO:** |  |  |

**Ámbitos de proyecto:**

1. Sector social y productivo
2. Desarrollo Tecnológico Empresarial
3. Investigación y Desarrollo
4. Diseño y/o construcción de equipo
5. Prestación de servicios profesionales
6. Otro: especifique\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Objetivo del Proyecto**

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**Descripción de las actividades relacionadas con el perfil profesional**

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**Justificación del proyecto**

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**Datos de la empresa:**

|  |  |  |  |  |  |  |  |  |  |  |
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| Nombre: |  | | | | | | | | | |
| Giro, Ramo:  o Sector: | Industrial ( ) Servicios ( ) Otro ( )  Público ( ) Privado ( ) | | | | | | | R.F.C. | |  |
| Domicilio: |  | | | | | | | | | |
| Colonia: |  | | C. P | |  | | | | Fax |  |
| Ciudad: |  | | Teléfono | | | |  | | | |
| Nombre del (a) Titular de la empresa: | |  | | Puesto: | |  | | | | |
| Nombre del (a) Asesor (a) Externo: | |  | | Puesto: | |  | | | | |

**Datos del (a) Residente:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Nombre: |  | | | | |
| Carrera: |  | | No. de control: | |  |
| Correo electrónico |  | | Número de seguro social | |  |
| Domicilio |  | | | | |
| Ciudad: |  | Teléfono o número de celular) | |  | |

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Firma del estudiante

===========================================================================

PARA SER LLENADO ÚNICAMENTE POR LA DIVISIÓN DE CARRERA

**Observaciones y/o validación del proyecto por parte de la Academia**

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Nombre y firma del Presidente(a) Nombre y firma del Jefe(a) de la de Academia División de Carrera