FOTO

**DEPARTAMENTO DE VINCULACION CON EL SECTOR PRODUCTIVO**

**SOLICITUD DE PRÁCTICA PROFESIONAL**

**DATOS DEL SOLICITANTE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NOMBRE:** | |  | | | | | | | | | | **EDAD:** | |  | | | **SEXO:** | |  |
|  | | |  | | | | | | | | | | | | | | | | |
| **DOMICILIO:** | | |  | | | | | | | | | | | | | | | | |
|  | |  | | |  | |  | | |  | |  | | |
| **COLONIA:** | |  | | | | | | | | | | | | | | | | | |
|  | |  | | |  | |  | | |  | |  | | |
| **ESTADO:** | |  | | | **TELEFONO:** | |  | | | | | **ESPECIALIDAD:** | | | |  | | | |
|  | |  | | |  | |  | |  | | |  | | |
| **GRUPO:** |  | | | **SEMESTRE:** | |  | | **TURNO:** | | |  | | **No. DE CONTROL** | | | | |  | |

**MODALIDAD PARA CUBRIR LA PRÁCTICA PROFESIONAL**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* CUBRIR 4 HORAS DIARIA EN 3 MESES\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATOS DE LA EMPRESA** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | |  | | | |
| **NOMBRE DE LA EMPRESA:** | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | |
| **GIRO DE LA EMPRESA:** | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | |
| **DOMICILIO DE LA EMPRESA:** | | | | | | | |  | | | | | | | | | | | | |
| **CALLE Y NUMERO** | | | | **COLONIA** | | | | | | **C.P.** | | | |
| **CIUDAD:** |  | | | **MUNICIPIO:** | | | | | |  | | | | **ENTIDAD FEDERATIVA:** | | | | | |  |
|  | | | |  | | | | | | | | | | | | | | | | |
| **TELEFONO(S):** | | |  | | | | | | | | | | | **FAX:** | |  | | | | |
| **TIPO DE EMPRESA** | | | | | | | | | | | | | | | | | | | | |
| **PUBLICA:** | |  | | | **PRIVADA:** | | | | | |  | | **No. DE TRABAJADORES:** | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | |
| **HORARIO DE TRABAJO:** | | | | |  | | | | | | | | | | | | | | | |
| **PRODUCTOS QUE FABRICA:** | | | | | | |  | | | | | | | | | | | | | |
| **SERVICIOS QUE OFRECE:** | | | | | |  | | | | | | | | | | | | | | |
| **NOMBRE DEL GERENTE O DIRECTOR:** | | | | | | | | |  | | | | | | | | | | | |

LOS MOCHIS, SINALOA, A 03 DE MARZO DEL 2025

|  |  |
| --- | --- |
| **ALUMNO SOLICITANTE** | **REPRESENTANTE DE LA EMPRESA** |
| **C. ANNA LAURA COTA GASTÉLUM**  **OFICINA PRÁCTICA PROFESIONAL** | **JEFA DE LA ESPECIALIDAD** |