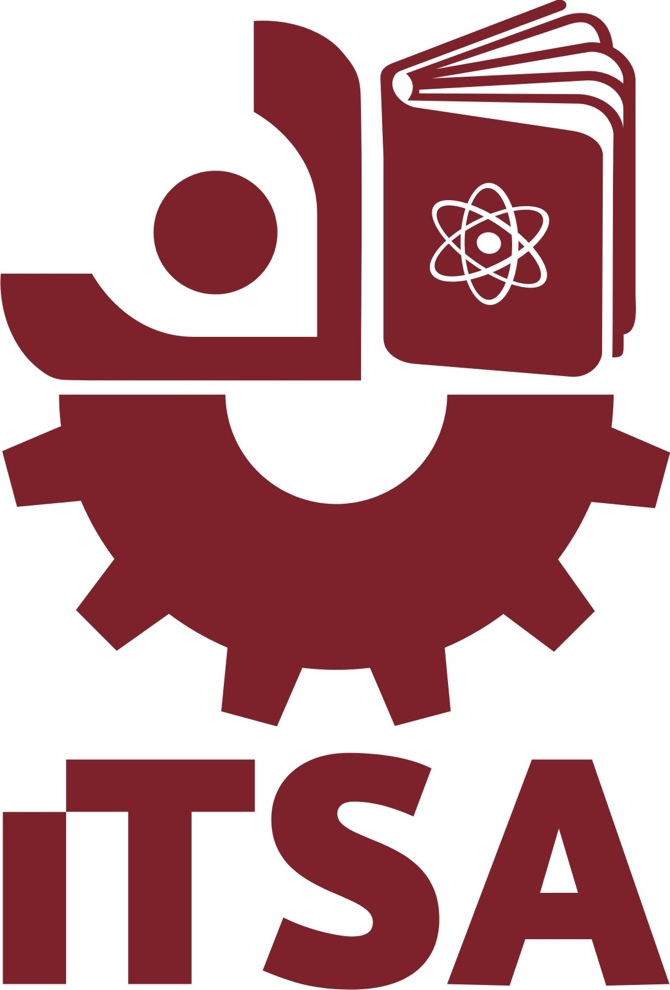
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**ANTEPROYECTO** DE RESIDENCIAS

PROFESIONALES **ENERO – JULIO 2019**



**EMPRESA / DEPENDENCIA:**

Escribe aquí el nombre completo de la Empresa/Dependencia donde

se realizarán las Residencias

**ANTEPROYECTO:**

Escribe aquí el tÍtulo de tú propuesta de proyecto/practicas de

Residencias Profesionales

**ALUMNO(A):**

Escribe aquí tú nombre completo seguido de tus apellidos

**Nº DE CONTROL:**

Escribe aquí tú numero de control escolar

**CARRERA:**

Escribe aquí en nombre completo de tú carrera

**ASESOR(A) EXTERNO(A):**

Escribe aquí el grado profesional y nombre completo del asesor externo

Apatzingán, Michoacán. (Escribe aquí Mes y Año

de presentación del Anteproyecto

**Anexo I**

**Estructura del Anteproyecto**

|  |  |
| --- | --- |
| **1 - TÍTULO DEL ANTEPROYECTO:** |  |
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| --- | --- |
| **2 - OBJETIVOS GENERAL Y ESPECÍFICOS:** |  |
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|  |  |
| --- | --- |
| **3 - JUSTIFICACIÓN:** |  |
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|  |  |
| --- | --- |
| **4 - ALCANCES O DELIMITACIÓN:** |  |
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|  |  |
| --- | --- |
| **5 - DESCRIPCIÓN DE LAS ACTIVIDADES:** |  |
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| --- | --- |
| **6 - ÁREA O LUGAR DE IMPLEMENTACION:** |  |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **7 - INFO. DE LA EMPRESA/DEPENDENCIA:** | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| NOMBRE: |  | | | | | | | | | | | | RFC: | |  | | | |
| GIRO O RAMO: | *INDUSTRIAL* |  | *SERVICIOS* | |  | *EDUCATIVO* | | |  |  | SECTOR: | | | *PÚBLICO* | |  | *PRIVADO* |  |
| DOMICILIO: |  | | | | | | | | | | COLONIA: | | |  | | | | |
| CD. Y ESTADO: |  | | | | | | CP.: |  | | | TELEFONO: | | |  | | | | |
| EMAIL: |  | | | | | | | | | | | | | | | | | |
| EMAIL: |  | | | | | | | | | | | | | | | | | |
| MISIÓN: |  | | | | | | | | | | | | | | | | | |
| (Escribe aquí la misión de la empresa) | | | | | | | | | | | | | | | | | | |
|  | | | GRADO PROFESIONAL Y NOMBRE | | | | | | | | | CARGO/PUESTO | | | | | | |
| TITULAR DE LA EMPRESA/DEPENDENCIA. | | |  | | | | | | | | |  | | | | | | |

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| **8 - CRONOGRAMA DE ACTIVIDADES:** |  |
| NOTA: Enlista todas las actividades del proyecto propuesto que deberas realizar para concluir satisfactoriamente tus Residencias Profesionales | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | ACTIVIDADES | 1 | | | | 2 | | | | 3 | | | | 4 | | | | 5 | | | | 6 | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **Meses y Semanas** | |

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| **9 - OBSERVACIONES:** |  |
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*NOTA: EL LLENADO DE LOS FORMATOS DEBERÁ SER EN DIGITAL CON EL EDITOR DE TEXTO PREFERIDO*