**DEPARTAMENTO DE RESIDENCIAS PROFESIONALES Y SERVICIO SOCIAL**

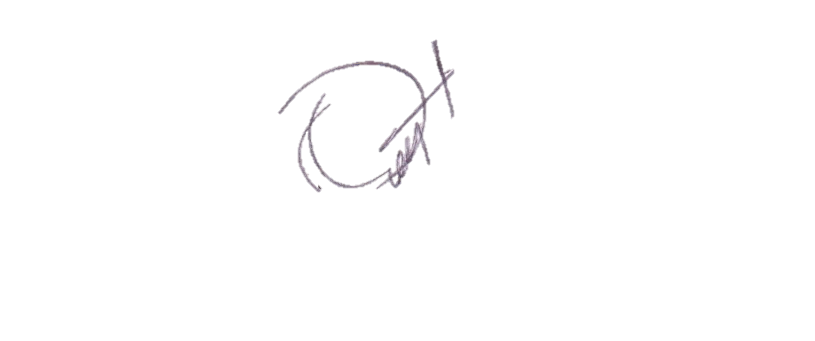
**EJEMPLO DE SOLICITUD**



**SOLICITUD DE RESIDENCIAS PROFESIONALES**

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|  | | | | | | | | | | | | LUGAR: | | | | Apatzingán, Michoacán | | | | | | | | | | |
| INSTITUTO TECNOLÓGICO  **SUPERIOR DE APATZINGÁN** LUGAR: | | | | | | | | | | | | FECHA: | | | | 3 de Diciembre del 2019 | | | | | | | | | | |
|  | | | |  | | | | | | | | | | |
| I.S.C. LUIS RICARDO BELTRAN PEÑALOZA | | | | | | **JEFE(A) DE CARRERA:** | | | | | | M.A. MARCO ANTONIO MARTINEZ BARRAGAN | | | | | | | | | | | | | | |
| JEFE DEL DEPTO. DE RESIDENCIAS PROFESIONALES Y SERVICIO SOCIAL | | | | | | **CARRERA:** | | | | | | INGENIERÍA EN SISTEMAS COMPUTACIONALES | | | | | | | | | | | | | | |
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| **TITULO DE LA RESIDENCIA:** | | DESARROLLO DE UN SISTEMA HIBRIDO WEB – MÓVIL PARA EL CONTROL DE PROCESOS DE ENSAMBLAJE DE AUTOMOVILES HONDA | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |
| **OPCIÓN ELEGIDA:** | *BANCO DE PROYEC.* | X | *PROPUESTA PROPIA* | | | | |  | | *PRACTICAS PROF.* | | | | | | |  | *INVESTIGACIÓN* | | | | |  | |  | |
| *ESTANCIA DELFÍN* |  | *INNOVACIÓN* | | | | |  | | *PROYECTO DUAL* | | | | | | |  | *PROYEC. INTEGRADOR* | | | | |  | |  | |
| **¿IMPACTO AL MEDIO AMBIENTE?:** | | *SI* | | X | *NO* |  | **DONDE:** | | *AGUA* | |  | | *AIRE* |  | *SUELO* | | | | X | *FLORA* | X | *FAUNA* | | | |  |
| **EXPLICA BREVEMENTE:** | | AHORRO DE CONSUMIBLES COMO TINTA, CD’s, PAPEL, BOLIGRAFOS | | | | | | | | | | | | | | | | | | | | | | | | |
| **PERIODO DE LA RESIDENCIA:** | | **ENERO – JULIO 2020** | | | | | | | | | | | | | | **NUM. DE RESIDENTES:** | | | | | | | | 2 | | |

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| **INFORMACIÓN DE LA EMPRESA / DEPENDENCIA** | | | |  | | | | | | | | | | | | | | |
| **NOMBRE:** | HONDA AUTOMOVILES INTERNATIONAL. S.A DE C.V | | | | | | | | | | | | **RFC:** | | HONDA999HFR4422 | | | |
| **GIRO O RAMO:** | *INDUSTRIAL* | X | *SERVICIOS* | |  | *EDUCATIVO* | | |  |  | **SECTOR:** | | | *PÚBLICO* | |  | *PRIVADO* | X |
| **DOMICILIO:** | FRANCISCO I. MADERO #2113 | | | | | | | | | | **COLONIA:** | | | ADOLFO RUIZ CORTINEZ | | | | |
| **CD. Y ESTADO:** | CIUDAD VICTORIA, QUERETARO | | | | | | **CP.:** | 70610 | | | **TELEFONO:** | | | 4531596677 | | | | |
| **EMAIL:** | hondamexico@hondainternational.com | | | | | | | | | | | | | | | | | |
| EMAIL: |  | | | | | | | | | | | | | | | | | |
| **MISIÓN:** |  | | | | | | | | | | | | | | | | | |
| Ser una empresa lider a nivel mundial en el diseño y desarrollo de vehiculos con caracteristicas unicas, que integren la tecnología más avanzada del planeta para proveer calidad,rendimiento, confort, seguridad y procesos autosustentables, que convivan con el medio ambiente, potenciando el mercado de los automiles con las mejores propuestas de ultima generación. | | | | | | | | | | | | | | | | | | |
|  | | | **GRADO PROFESIONAL Y NOMBRE** | | | | | | | | | **CARGO/PUESTO** | | | | | | |
| **TITULAR DE LA EMPRESA/DEPENDENCIA.** | | | L.I. FERNANDO BELTRÁN PEAÑLOZA | | | | | | | | | GERENTE GENERAL | | | | | | |
| **ASESOR(A) EXTERNO(A)** | | | I.S.C. MARTIN AGUILERA MORFIN | | | | | | | | | SUPERVISOR DE AREA DE ENSAMBLE | | | | | | |
| **PERSONA QUE FIRMARÁ DOCUMENTOS OFICIALES DE LA RESIDENCIA** | | | I.S.C. MARTIN AGUILERA MORFIN | | | | | | | | | SUPERVISOR DE AREA DE ENSAMBLE | | | | | | |



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| **INFORMACIÓN DE EL/LA ALUMNO(A) RESIDENTE** | | | | |  | | | | | | | | | | | |
| **NOMBRE:** | ANDREA CRISTAL ONTIVEROS DE LA TORRE | | | | | | | | | | | **NUMERO DE CONTROL:** | | | 14020051 | |
| **DOMICILIO:** | FRANCISCO I. MADERO #2113 | | | | | | | | | | | **COLONIA:** | CENOBIO MORENO | | | |
| **CD. Y ESTADO:** | APATZINGAN, MICHOACÁN | | | | | | | CP.: | | 60620 | | **TELEFONO:** | 4531596688 | | | |
| **EMAIL:** | al14020051itsa.edu.mx | | | | | | | | | | | **GENERO:** | FEM. | X | MASC. |  |
| **SEGURIDAD SOCIAL:** | | IMSS | X | ISSSTE | |  | OTROS | |  | |  | **NUMERO:** | IMSSCRISTALONTOR239342 | | | |

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FIRMA DEL ALUMNO RESIDENTE

**NOTA1: LOS FORMATOS , FUENTES, TAMAÑOS, ALINEACIONES Y COLORES EN EL PRESENTE DOCUMENTO NO DEBEN SER MODIFICADOS.**

**NOTA2: ESTE FORMATO DE SOLICITUD DE RESIDENCIAS DEBE SER LLENADOS DIGITALMENTE AL IGUAL QUE TODOS LOS FORMATOS OFICIAL**

**DEPARTAMENTO DE RESIDENCIAS PROFESIONALES Y SERVICIO SOCIAL**



**SOLICITUD DE RESIDENCIAS PROFESIONALES**

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|  | | | | | | | | | | | | LUGAR: | | | | Apatzingán, Michoacán | | | | | | | | | | |
| INSTITUTO TECNOLÓGICO  **SUPERIOR DE APATZINGÁN** LUGAR: | | | | | | | | | | | | FECHA: | | | |  | | | | | | | | | | |
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| I.S.C. LUIS RICARDO BELTRAN PEÑALOZA | | | | | | **JEFE(A) DE CARRERA:** | | | | | |  | | | | | | | | | | | | | | |
| JEFE DEL DEPTO. DE RESIDENCIAS PROFESIONALES Y SERVICIO SOCIAL | | | | | | **CARRERA:** | | | | | |  | | | | | | | | | | | | | | |
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| **TITULO DE LA RESIDENCIA:** | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |
| **OPCIÓN ELEGIDA:** | *BANCO DE PROYEC.* |  | *PROPUESTA PROPIA* | | | | |  | | *PRACTICAS PROF.* | | | | | | |  | *INVESTIGACIÓN* | | | | |  | |  | |
| *ESTANCIA DELFÍN* |  | *INNOVACIÓN* | | | | |  | | *PROYECTO DUAL* | | | | | | |  | *PROYEC. INTEGRADOR* | | | | |  | |  | |
| **¿IMPACTO AL MEDIO AMBIENTE?:** | | *SI* | |  | *NO* |  | **DONDE:** | | *AGUA* | |  | | *AIRE* |  | *SUELO* | | | |  | *FLORA* |  | *FAUNA* | | | |  |
| **EXPLICA BREVEMENTE:** | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **PERIODO DE LA RESIDENCIA:** | | **ENERO – JULIO 2020** | | | | | | | | | | | | | | **NUM. DE RESIDENTES:** | | | | | | | |  | | |

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| **INFORMACIÓN 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:** |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | **GRADO PROFESIONAL Y NOMBRE** | | | | | | | | | **CARGO/PUESTO** | | | | | | |
| **TITULAR DE LA EMPRESA/DEPENDENCIA.** | | |  | | | | | | | | |  | | | | | | |
| **ASESOR(A) EXTERNO(A)** | | |  | | | | | | | | |  | | | | | | |
| **PERSONA QUE FIRMARÁ DOCUMENTOS OFICIALES DE LA RESIDENCIA** | | |  | | | | | | | | |  | | | | | | |

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| **INFORMACIÓN DE EL/LA ALUMNO(A) RESIDENTE** | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| NOMBRE: |  | | | | | | | | | | | NUMERO DE CONTROL: | |  | | |
| DOMICILIO: |  | | | | | | | | | | | COLONIA: |  | | | |
| CD. Y ESTADO: |  | | | | | | | CP.: | |  | | TELEFONO: |  | | | |
| EMAIL: |  | | | | | | | | | | | GENERO: | FEM. |  | MASC. |  |
| SEGURIDAD SOCIAL: | | *IMSS* |  | *ISSSTE* | |  | *OTROS* | |  | |  | NUMERO: |  | | | |

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FIRMA DEL ALUMNO RESIDENTE

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