# TIPO DE INFORME

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| ÁREA | ASESORÍA | COMITÉ | COMISIÓN |  |  |

**DENOMINACIÓN:**

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| ALCANCE: PERIODO SEMESTRAL ANUAL | CICLO ESCOLAR: |
| SEMESTRE: NON PAR | **SUBDIRECCIÓN** |

ACADÉMICA

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| **RESPONSABLE Ó EQUIPO RESPONSABLE** | **Rellene los recuadros y aporte la información solicitada.** |
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1. **PROPÓSITOS U OBJETIVOS LOGRADOS.**

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1. **DESARROLLO DEL PROYECTO.**

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| **NUMERO DE ACTIVIDADES PROGRAMADAS:** | |  | |
| **REALIZADAS:** |  | **NO REALIZADAS:** |  |

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| **No.** | **ACTIVIDADES REALIZADAS** | **NIVEL DE REALIZACIÓN** | | |
| **BAJO** | **BUENO** | **EXCELENTE** |
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| **ACTIVIDADES NO REALIZADAS:** | **CAUSAS QUE DIFICULTARON SU REALIZACIÓN:** |
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| **NECESIDADES DETECTADAS** |
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| **DESEMPEÑO DE LOS ESTUDIANTES** | | | |
| **ALUMNO** | **ACREDITADO** | | **VALORACION CUALITATIVA** |
| SI | NO |
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| **VALORACIÓN CUALITATIVA DEL ESPACIO CURRICULAR** |
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FECHA DE ELABORACIÓN:

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| **DÍA** | **MES** | **AÑO** |
|  |  |  |

**NOMBRE Y FIRMA DEL**

**ASESOR METODOLÓGICO**