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**DEPARTAMENTO DE PRÁCTICAS PROFESIONALES**

**CRONOGRAMA DE ACTIVIDADES DEL PASANTE**

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| **ACTIVIDADES** | **SEMANAS** | | | | | | | | | | | | | | | | **RESULTADOS DE SUPERVISION POR EL TUTOR EMPRESARIAL** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** |
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**PASANTE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRMA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ESCUELA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**T.EMPRESARIAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRMA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_T. ACADÉMICO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FIRMA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ORGANIZACIÓN PRODUCTIVA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DEPARTAMENTO O GERENCIA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TRABAJO ASIGNADO: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SELLO DE LA EMPRESA**

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