UNIVERSIDAD VIRTUAL DEL ESTADO DE GUANAJUATO

DIRECCIÓN DE EDUCACIÓN MEDIA SUPERIOR

TELEBACHILLERATOS COMUNITARIOS

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, GTO., a \_\_\_\_\_de \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_

Ing. José de Jesús Marmolejo Zúñiga

Director de Educación Media Superior

Universidad Virtual del Estado de Guanajuato Con At´n: Ing. Xochiquetzal Landín Rojas

Profesor de Tiempo Completo

Universidad Virtual del Estado de Guanajuato

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Por medio de la presente envío un cordial saludo y a su vez aprovecho para solicitar cambio de actividad del Telebachillerato Comunitario: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ el día \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | | | | | | | | | |
| Del municipio de: | |  | | | C.C.T. | |  | | |
| Motivo: | |  | | | | | | | |
| Objetivo: | |  | | | | | | | |
| Tiempo Estimado: | | \_\_\_\_\_\_\_ Horas | Inicio: \_\_\_\_\_\_\_\_ | | | Terminación: \_\_\_\_\_\_\_\_\_\_\_ | | | |
| Competencias a desarrollar: | **Genéricas** | | | | | **Atributos** | | | |
|  | | | | |  | | | |
| **Disciplinares** | | | | | **Profesionales** | | | |
|  | | | | |  | | | |
| Objeto(s) de aprendizaje: |  | | | **Actividades a realizar:** | |  | | | |
| ¿La actividad se realizará dentro de las instalaciones del TBC? | | | | | | | | **SI** | **NO\*** |

\*En caso de ser **NO**, favor de llenar el Anexo 1.

Al finalizar la actividad realizaré el llenado anexo 2 y procederé al envío de dicho documento. De igual manera, quedo a la espera de su amable respuesta a mi solicitud.

|  |
| --- |
| A T E N T A M E N T E  Sello del TBC  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Nombre y firma  Responsable del Telebachillerato Comunitario  C.C.P. Archivo |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ANEXO 1** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Asignaturas beneficiadas con el cambio de actividad** | | | | | | | | | | **Itinerario** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Actividades Adicionales u Observaciones** | | | | | | | | | | **Lugar donde se desarrollará la actividad.** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|
|
|
| **No.** | **Nombre Alumno** | | | | | | | | | | | | | | | | | | | **Número de Seguro Facultativo** | | | | | | | |
| **1** |  | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **2** |  | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **3** |  | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **4** |  | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **5** |  | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **6** |  | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **7** |  | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **8** |  | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **9** |  | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **10** |  | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **11** |  | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **12** |  | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **13** |  | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **14** |  | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **15** |  | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| |  | | --- | | **¿Cuento con permisos firmados de todos los padres de familia de los alumnos que asisten al cambio de actividad? SI NO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | |  |  |  | | | |  | |  | | | | | | |  |  | | |  |
| **Nombre y firma**  **RESPONSABLE DEL TELEBACHILLERATO** | | | | | | | | |  | |  | | | |  | | **Vo.Bo. DIRECTOR DE EDUCACIÓN MEDIA SUPERIOR** | | | | | | | | | | |
|  | | |  | |  | | | | |  | | |  | | |  | |  |  | | | |  |  | | |  | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Anexo 2** | | | | | | | | | | |
| **Telebachillerato Comunitario:** |  | | | | | | | | | |
| **Lugar donde se efectuó la actividad:** |  | | | | | | | | **Fecha:** |  |
| **Reporte de actividad** | | | | | | | | | | |
|  | | | | | | | | | | |
| **EVALUACIÓN (Indique con una “ ")** | | | | | | | | **Observaciones generales** | | |
| **Qué calificación le asigna al desarrollo de la actividad:** | | **5-0** | **6** | **7** | **8** | **9** | **10** |  | | |
| **Total de Participantes en la actividad:** | | **Alumnos** | **Docentes** | | **Padres de familia** | | **Otros** |
|  | |  |  | |  | |  |
| **Evidencia Fotográfica (mínimo 3 fotografías)** | |  | | | | | | | | |