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| **Jojutla, Morelos a** |  | **de** |  | **del** |  |

**DATOS DEL ALUMNO:**

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| **Nombre del Alumno:** | |  | | |  | | | |  |
| **Número de Matrícula:** | |  | | | | **Semestre:** | |  | |
| **Periodo de Prácticas del:** | | |  | **al:** | | |  | | |
| **Horas Realizadas:** |  | | |  | | |  | | |

**DATOS DE LA EMPRESA:**

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| **Nombre de la Empresa:** | | | |  | | | | | | | |  | | | |  | | | | |
| **Domicilio:** | | |  | | | | | | | | |  | | | |  | | | | |
|  | | | | | | **Calle** | | | | | | |  | | | | | **Número** | | | |
|  | | | | | |  | | | | | | |  | | | | |  | | | |
|  | | | | | | **Colonia o Fraccionamiento** | | | | | | |  | | | | | **Ciudad** | | | |
|  | | | | | |  | | | | | | |  | | | | |  | | | |
|  | | | | | | **Municipio** | | | | | | |  | | | | | **Estado** | | | |
| **Teléfono:** |  | | | | | | | | | | | **Correo:** | |  | | | | | | |
| **RESPONSABLE DEL ALUMNO EN LA EMPRESA:**   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Nombre:** | |  | | |  | | | |  | | | **Puesto:** |  | | |  | | | |  | | | **Teléfono:** | | |  | | | **Correo Electrónico:** |  | | |   **Sector al que pertenece la empresa:** | | | | | | | | | | | | | | | | | | | | | |
| **Industrial** |  |  | | | **Comercial** | |  | | |  | | | | | | | | | | | |
|  |  |  | | |  | |  | | | | | | | | | | | | | | |
| **Servicios** |  |  | | | **Otro:** | |  | | |  |  | | | | | | | | | | |
|  | | | | | |  | | | **Especifique:** | | | | | | | | | | | | |
| **Productos y/o Servicios que presta la empresa** | | | | | | | |  | | | | | | |  | | | | | |  | |  |
|  | | | | | |  | | | | | | |  | | | | |  | |  | |
| **Área o Departamento en la que realizo las Prácticas:** | | | | | | | | | |  | | | | | | |  | |  | |

**POR FAVOR CALIFIQUE DE LA MANERA MÁS EXACTA AL PRÁCTICANTE:**

**Favor de colocar una “ X “ en el dato que considere es el apropiado**

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| --- | --- | --- | --- | --- |
| **Característica** | **Deficiente** | **Regular** | **Buena** | **Excelente** |
| **Puntualidad** |  |  |  |  |
| **Responsabilidad** |  |  |  |  |
| **Conocimientos Teóricos** |  |  |  |  |
| **Experiencia del Alumno** |  |  |  |  |
| **Habilidad o Destreza** |  |  |  |  |
| **Calidad en el Trabajo** |  |  |  |  |
| **Comunicación** |  |  |  |  |
| **Trabajo en Equipo** |  |  |  |  |
| **Liderazgo** |  |  |  |  |

**COMENTARIOS SOBRE EL PRACTICANTE**

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**Firma del Responsable de las Prácticas de conformidad con el llenado: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Firma del Alumno: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fecha de Entrega: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATOS PARA SER LLENADOS POR EL ALUMNO:**

**Señala las actividades que realizaste durante el periodo de prácticas**

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| **Organización de Información** | | | | | | |  | **Revisión del Sistema de Calidad** | | | | | | | | | | | |  | |  |
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| **Trámites Administrativos** | | | | | | |  | **Análisis de Información** | | | | | | | | | | | |  | |  |
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| **Elaboración de Manuales** | | | | | | |  | **Elaboración de Presupuestos** | | | | | | | | | | | |  | |  |
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| **Elaboración de Organigramas** | | | | | | |  | **Elaboración de Estados Financieros** | | | | | | | | | | | |  | |  |
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| **Verificación de Procesos** | | | | | | |  | **Registro Contable** | | | | | | | | | | | |  | |  |
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| **Tramites Fiscales ante Dependencias** | | | | | | |  | **Captura de Información en Paquetes Contables** | | | | | | | | | | | |  | |  |
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| **Elaboración y Presentación de Declaraciones** | | | | | | |  | **Calculo de Impuestos** | | | | | | | | | | | |  | |  |
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| **Elaboración de Facturas** | | | | | | |  | **Otros** | |  | | | | | | | | |  |  | |  |
|  | | | | | | |  |  | | **Especifique:** | | | | | | | | |  |  | |  |
|  | | |  | | | | |  | | | | | | | | | | | |  | |  |
| **Señala las materias en las que aplicaste tus conocimientos teorico-practicos** | | | | | | | | | | | | | | | | | | | | | |  |
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| **Contabilidad** | |  | | |  |  |  | **Proceso Administrativo** | | | | | | | |  |  |  | |  | |  |
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| **Administración** | |  | | |  |  |  | **Impuestos a Personas Físicas** | | | | | | | |  |  |  | |  | |  |
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| **Computación** | |  | | |  |  |  | **Costos** | | | | | | | | . |  |  | |  | |  |
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| **Valuación de Inventarios** | |  | | |  |  |  | **Liderazgo** | | | | | | | |  |  |  | |  | |  |
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| **Impuestos de Personas Morales** | |  | | |  |  |  | **Fundamentos de Auditoria** | | | | | | | |  |  |  | |  | |  |
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| **Otro:** | |  | | |  |  |  |  |  | | | | | | | | | | | | |  |
|  | | | |  | | |  | **Especifique:** | | | | | | | | | | | | |  |  |
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| **Recibió Cursos para realizar sus actividades** | | | | | | | | **SI** | | |  |  | | **NO** |  |  | | | | | |  |
| **Nombre del Curso:** |  | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | |  |
| **Recibe Capacitación para realizar sus actividades** | | | | | | | | **SI** | | |  | |  | **NO** |  |  | | | | | |  |
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| **FIRMA DEL ENCARGADO DE LAS PRACTICAS** | | | | | | | |  | | |  | |  |  |  | | | | | | |  |
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|  | | | | | | | |  | | | **SELLO DE LA EMPRESA** | | | | | | | | | | |  |