**Fecha de canalización: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Alumno:** | |  | | |
| **No. Ctrl.** |  | | **Grupo:** |  |
| **Grado:** |  | | **Carrera:** |  |
| **Tutor:** |  | | | |

**Canaliza a:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Doctor |  | Psicólogo |  | Becas |  | Asesorías académicas |  |

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| --- |
| **Motivos:** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Fecha de Atención:** | | |  | | | |  |  |  |
|  | | |  | | | |  |  |  |
| **Atendido:** | Si |  | | No |  |

|  |
| --- |
| **En caso de no ¿Por qué?:** |

|  |
| --- |
| **En caso de sí, cuál fue la respuesta del área canalizada:** |

|  |
| --- |
|  |
| Nombre y firma de quien atiende |

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| --- | --- | --- | --- | --- | --- | --- |
| Rio Grande, Zac., a |  | de |  | de | 20 |  |