FORMATO SD\_03



# Universidad Autónoma de Nayarit

**SECRETARIA DE DOCENCIA**

**DIRECCIÓN DE DESARROLLO DEL PROFESORADO**

**Nombre de la Academia** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Programa Académico** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Unidad Académica** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLAN DE TRABAJO DEL CICLO ESCOLAR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **ACTIVIDADES** | **DOCENTE (S)**  **RESPONSABLE** | **PRODUCTO** | **Calendarización** | | | | | | | | | | | |
| **Agosto** | **Septiembre** | **Octubre** | **Noviembre** | **Diciembre** | **Enero** | **Febrero** | **Marzo** | **Abril** | **Mayo** | **Junio** | **Julio** |
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**Firman de conformidad**

(Esta propuesta deben firmarla **todos** los integrantes de la academia que se registra)

**Nombre Firma**

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