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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