Ciudad de México a \_\_\_\_de\_\_\_\_\_\_\_\_ de 202\_.

**DR. EN C. OMAR GARCÍA LIÉVANOS**

**PRESIDENTE DE LA H. COMISIÓN DE SERVICIO SOCIAL**

**CENTRO INTERDISCIPLINARIO DE CIENCIAS DE LA SALUD, UNIDAD SANTO TOMÁS**

**PRESENTE**

Por medio del presente, solicito a la Comisión de Servicio Social; su apoyo para continuar con mis trámites de **Liberación de servicio social mayor a 3 años**, ya que inicialmente no los pude concluir en tiempo y forma por los motivos que a continuación expongo:

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Atentamente

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Nombre:

Carrera:

Boleta:

No. Telefónico:

Celular:

Correo electrónico:

**Nota: Anexar carta compromiso por ambos lados, CURP, comprobante de estudios (carta pasante o certificado, si aplica), reportes mensuales y reporte global de servicio social (firmados y sellados), formato de evaluación y carta de término (con firma y sello).**