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| **Programa:** |  |
| **\* Área de Profundización en:**  *Aplica solamente para Doctorado CA* |  |

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| **CODIGO ESTUDIANTE** | | | | | | | | |
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| **Datos personales** | | | | | | | |
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| Primer apellido |  | Segundo apellido | |  | Nombre Completo | | |
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| Lugar de Nacimiento |  | Dpto./Estado |  | C.C. | |  | de |
|  |  |  |  |  | |  |  |
| País |  | Nacionalidad |  | Pasaporte | |  | Cédula Extranjería |

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| **Dirección actual** | | | | | | | | |
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| Dirección residencial | | |  | Ciudad |  | Teléfono |  | A.A. |
|  | | |  |  |  |  |  |  |
| Dirección Oficina | | |  | Ciudad |  | Teléfono |  | A.A. |
|  |  |  | | | | |  |  |
| Grupo Sanguíneo |  | En caso de emergencia avisar a | | | | |  | Teléfono |

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| SEMESTRE A CURSAR SEM. AÑO   |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  |   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  FIRMA ESTUDIANTE FECHA: Mes Dia Año   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |   Al matricularme en la Universidad acepto los reglamentos |

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| OBSERVACIONES: Recibo pago derechos de matrícula No. \_\_\_\_\_\_\_\_\_\_\_\_  Recibo pago derechos académicos No. \_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DIRECTOR POSTGRADO |