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| **INFORMACIÓN DEL PROGRAMA ACADÉMICO QUE REALIZA ESTUDIO DE HOMOLOGACIÓN** | | | | | | | | | | |
| FECHA *(DD/MM/AAAA)* |  | | | APLICA PARA EL PERÍODO ACADÉMICO | | | | |  | |
| TIPO DE SOLICITUD | TRASLADO |  | TRANSFERENCIA | |  | REINGRESO |  | HOMOLOGACIÓN | |  |
| PROGRAMA ACADÉMICO | | | | | | FACULTAD | | | | |
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| **INFORMACIÓN DEL ASPIRANTE O ESTUDIANTE QUE PRESENTÓ SOLICUTUD DE ESTUDIO** | |
| NOMBRE COMPLETO DE ASPIRANTE / ESTUDIANTE | DOCUMENTO DE IDENTIDAD |
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| **ASIGNATURA CURSADA** | | | | **ASIGNATURA A HOMOLOGAR** | | | |
| CÓDIGO | NOMBRE | CRÉDITOS | NOTA | CÓDIGO | NOMBRE | CRÉDITOS | NOTA |
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|  | *TOTAL DE CRÉDITOS APROBADOS POR ASIGNATURAS HOMOLOGADAS* | | | | |  | |

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FIRMA DE APROBACIÓN DE DECANO(A) DE FACULTAD

NOMBRE COMPLETO