**UNIVERSIDAD VERACRUZANA**

**SECRETARIA ACADEMICA**

**DIRECCION GENERAL DE ADMINISTRACION ESCOLAR**

**MODELO EDUCATIVO FLEXIBLE**

**AREA ELECCION LIBRE**

**FORMATO PARA LA MOVILIDAD ESTUDIANTIL**

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|  |  |  |  |  |  |  | FECHA | | PERIODO | |
|  |  |  |  |  |  |  |  | | F-A | A-F |
| **DATOS DEL ALUMNO** | | | | | | | | | | |
| MATRICULA (ID) | | APELLIDO PATERNO | | | APELLIDO MATERNO | | | NOMBRE (S) | | |
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| **DATOS DEL PROGRAMA ACADEMICO DE ORIGEN** | | | | | | | | | | |
| PROGRAMA ACADEMICO | | | | | ENTIDAD ACADEMICA (FACULTAD) | | | | | |
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| MODALIDAD | | CAMPUS O REGION | | | | | | AREA ACADEMICA | | |
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|
| SECRETARIO | | | | LUGAR Y FECHA | | | | SELLO | | |
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| **DATOS DEL PROGRAMA ACADEMICO DE LA DEPENDENCIA RECEPTORA** | | | | | | | | | | |
| PROGRAMA ACADEMICO | | | | | ENTIDAD ACADEMICA (FACULTAD) O DEPENDENCIA | | | | | |
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| MODALIDAD | | CAMPUS O REGION | | | | | | AREA ACADEMICA | | |
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| EXPERIENCIA EDUCATIVA O CURSO | | | | | | | | NUMERO DE CREDITOS | | |
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| NOMBRE Y FIRMA DEL SECRETARIO RESPONSABLE | | | | | | | LUGAR, FECHA Y SELLO | | | |
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| FIRMA DEL ALUMNO | | | | OBSERVACIONES | | | | | | |
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