UNIVERSIDAD VERACRUZANA

FACULTAD DE ECONOMIA

**SOLICITUD DE INSCRIPCIÓN DE CRÉDITOS**

PERIODO ESCOLAR FEBRERO – JULIO 2024

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| DATOS DEL ALUMNO | | | | | | | | | | | | | | | | | | | | | | |
| PRIMER APELLIDO SEGUNDO APELLIDO NOMBRE(S) | | | | | | | | | | | | | | | | | | ID MATRÍCULA | | | | |
| **(NOMBRE COMPLETO SIN ABREVIATURAS)** | | | | | | | | | | | | | | | | | |  | | | | |
| DOMICILIO ACTUAL | | | | | | EN CASO DE EMERGENCIA AVISAR A: | | | | | | | | | | | | SERV. MÉDICO | | | | |
|  | | | | | |  | | | | | | | | | | | |  | | | | |
| DATOS ACADÉMICOS | | | | | | | | | | | | | | | | | | | | | | |
| CARRERA | | | | | | | | CAMPUS | | | | | | | | | | PERIODO | | | | |
| **ECONOMÍA o GEOGRAFÍA (elegir solo una)** | | | | | | | | XALAPA | | | | | | | | | | FEBRERO – JULIO 2024 | | | | |
| INSCRIPCIÓN A EXPERIENCIAS EDUCATIVAS | | | | | | | | | | | | | | | | | | | | | | |
| NRC | EXPERIENCIA EDUCATIVA | | | | | | | | | | SECCIÓN | | | | CRÉDITOS | INSCRIPCIÓN | | | | No. OPT. | No. ELECT | |
| 1° | | 2° | |
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| **NOMBRE DEL TUTOR ACADÉMICO:** | | | | | | | | | | | | | | | | | | | | | | |
| TIPO DE INSCRIPCIÓN | | | | | | | | | | | | | | | | | | | | | | |
| REINGRESO | |  | | TRASLADO | | |  | | POR REVALIDACIÓN O EQUIVALENCIA DE ESTUDIOS | | | | | | | |  | | REINGRESO DE BAJA TEMPORAL | | |  |
| REQUISITO PARA PASAR A CAJA | | | | | | | | | | | | | | | | | | | | | | |
| SELLO Y RUBRICA DE SOLICITUD PROCESADA EN VENTANILLA | | | | | | | | | | | | |  | | | | | | | | | |
| COBERTURA DEL ARANCEL | | | | | | | | | | | | | | | | | | | | | | |
| POR CONDONACIÓN | | |  | | EN EFECTIVO | | | | | | |  | | DEBERÁ CUBRIR EL PAGO ARANCELARIO EL MISMO DÍA DE REALIZAR LA INSCRIPCIÓN A CURSOS O A MÁS TARDAR EL DÍA SIGUIENTE | | | | | | | | |
| AUTORIZACIÓN DE CONDONACIÓN | | | | | | | | | | OBSERVACIONES | | | | | | | | | | | | |
|  | | | | | | | | | | EL CASO OMISO DE ESTA LEYENDA DEJARÁ SIN EFECTO EL TRÁMITE DE INSCRIPCIÓN ACADÉMICA | | | | | | | | | | | | |

XALAPA, VER., A \_\_\_ DE FEBRERO DE 2024.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DR. ELISEO GABRIEL ARGÜELLES

NOMBRE Y FIRMA DEL ESTUDIANTE SECRETARIO

DE LA FACULTAD DE ECONOMÍA