**SOLICITUD DE DESCARGA ACADEMICA**

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| **Nombre:** | |  | | | | | | | | | | | | | | |
| **Dependencia de adscripción:** | | | | | | |  | | | | | | | | | |
| **Tipo de sistema:** | | |  | | | | | | | | | **Región:** | |  | | |
| **Número de Personal** | | | | |  | | | | **CURP:** | | |  | | | | |
| **Tipo de descarga** | | | |  | | | | | | **Periodo:** | | |  | | | |
| **Categoría:** | | | |  | | | | | | | | | | | | |
| **Breve descripción de motivos:** | | | | | |  | | | | | | | | | | |
| **Asignaturas y/o Experiencias educativas a Descargar** | | | | | | | | | | | | | | | | |
| **Hrs.** | **Nombre** | | | | | | | **Sección/**  **Grupo** | | | **Programa**  **Educativo/Carrera** | | | | **Sistema** | **Región** |
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| **Asignaturas y/o Experiencias educativas a Impartir** | | | | | | | | | | | | | | | | |
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ATENTAMENTE

Xalapa, Ver. a \_\_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_ de 20\_\_\_

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| Nombre y firma del solicitante | Nombre y firma del director de facultad |