**FORMATO BAJA EXPERIENCIA EDUCATIVA**

**TRÁMITE VIRTUAL**

Nombre completo del Alumno: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Matrícula: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERIODO ESCOLAR: FEBRERO-JULIO 2021 (202151)**

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| **FIRMA DE LA SECRETARIA DE FACULTAD** | | **FIRMA DEL ALUMNO (A)** | | | |