UNIVERSIDAD VERACRUZANA

**FACULTAD DE MEDICINA / CD. MENDOZA**

***SOLICITUD DE INSCRIPCION DE CREDITOS*** ***(VENTANILLA)***

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| **DATOS DEL ALUMNO** | | | | | | | | | |
| PRIMER APELLIDO SEGUNDO APELLIDO NOMBRE(S) | | | | MATRICULA | | | | SEMESTRE | |
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| INSCRIPCION A EXPERIENCIAS EDUCATIVAS | | | | | | | | | |
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| **TUTOR ACADÉMICO:** | | | | | | | | | |

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Nota: el formato debe ser llenado en Word.