El (la) que suscribe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ con matrícula\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ alumno(a) solicito la baja de la (s) siguiente(s) experiencia(s) educativa(s).

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| **NRC** | **Nombre EE** | **1°Inscripción** | **2° inscripción** | **Docente** | **Motivo** |
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Firma del Alumno(a)