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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NRC** | **Nombre EE** | **1°Insc.** | **2° insc.** | **Nombre Maestro(a)** | **Motivo** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firma del Alumno(a)