**UNIVERSIDAD VERACRUZANA**

**DIRECCIÓN DE ADMINISTRACION ESCOLAR**

**SOLICITUD DE INSCRIPCIÓN CRÉDITOS**

**GRUPO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **DATOS DEL ALUMNO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PRIMER APELLIDO SEGUNDO APELLIDO NOMBRES(S)** | | | | | | | | | | | | | | | | | | | | | | | | ID MATRÍCULA | | | | | |
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| **DOMICILIO** | | | | | | | **EN CASO DE EMERGENCIA AVISAR A:TEL. (CASA O CELULAR) OBLIGATORIO** | | | | | | | | | | | | | | | | | **TIPO DE SERVICIO MÉDICO** | | | | | |
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| **DATOS ACADÉMICOS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CARRERA | | | CAMPUS | | | | | PERIODO | | | | | | | | email: | | | | | | | Cuenta Facebook | | | | | | |
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| INSCRIPCION DE EXPERIENCIAS EDUCATIVAS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NRC | EXPERIENCIA EDUCATIVA | | | | | | | | | SECC. | | L | M | | | | M | J | V | | INSCRIPCIÓN | | | | OPTATIVA | | | ELEC | |
| 1ª. | | 2ª | | 1ª VEZ | 2ª VEZ | 3ª VEZ |
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| **NOMBRE DEL TUTOR ACADÉMICO** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **TIPO DE INSCRIPCIÓN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REINGRESO | |  | | | TRASLADO | | | |  | | | POR REVALIDACION O EQUIVALENCIA DE ESTUDIOS | | | | | | | |  | | REINGRESO DE BAJA TEMPORAL | | | | | | |  |
| **REQUISITO PARA PASAR A CAJA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SELLO Y RÚBRICA DE SOLICITUD PROCESADA EN VENTANILLA | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **COBERTURA DEL ARANCEL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| POR CONDONACIÓN | | | |  | | EN EFECTIVO | | | | |  | | | “Deberá cubrir el pago arancelario el mismo día de realizar la inscripción a cursos o a más tardar el siguiente” | | | | | | | | | | | | | | | |
| **Autorización de condonación** | | | | | | | | | | | | | | | **Observaciones** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | El caso omiso a esta leyenda dejará sin efecto el trámite de inscripción académica.  Acepto el horario y experiencias señalados.  He revisado correctamente los datos antes señalados y es responsabilidad mi inscripción académica y administrativa | | | | | | | | | | | | | | |
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| POZA RICA VER., \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  FIRMA DEL ALUMNO FIRMA SECRETARIO(A) ACADÉMICO(A) SELLO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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**SOLICITUD DE INSCRIPCIÓN**

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| **DATOS DEL ALUMNO** | |
| PRIMER APELLIDO SEGUNDO APELLIDO NOMBRE(S) | ID (MATRÍCULA) |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  FACULTAD SEMESTRE GRUPO  **DIRECCIÓN DE CASA**  CALLE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ N° \_\_\_\_\_\_\_ TEL. DOMICILIO(CASA)\_\_\_\_\_\_\_\_\_\_\_\_\_  CEL. PARTICULAR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EDAD: \_\_\_\_\_\_\_\_\_ ESTADO CIVIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEXO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  WHATSAPP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (**ELIJA SOLO UNA)**  MUNCIPIO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  EJIDO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  COMUNIDAD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  LOCALIDAD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **SI ERES PENSIONADO LLENA ESTE APARTADO SINO ERES PENSIONADO NO ESCRIBAS LO SOLICITADO**  **O VIVVES CON FAMILIARES DEBES DAR LA INFORMACIÓN REQUERIDA**  **DIRECCIÓN DE PENSIÓN O FAMILIARES**  CALLE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ N° \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TEL. DOMICILIO(CASA) TEL. DONDE RESIDE(FAMILIARES) TEL. CELULAR TEL DE PESINÓN O RENTA  **VERIFICACIÓN DE LOS DOCUMENTOS ESCOLARES**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  V**ERIFICACIÓN DEL PAGO DE ARANCEL O REFERENCIA BANCARIA DE BAUCHER DE PAGO**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  PROTESTO CON TODA LIBERTAD Y SOLEMNIDAD HACER DE TODO TIEMPO, HONOR A LA INSTITUCIÓN Y HACER CUMPLIR CON SUS COMPROMISOS ACADÉMICOS Y ADMINISTRATIVOS A RESPETAR LAS DISPOSICIONES ESTIPULADAS EN LA LEY ORGÁNICA DE LA UNIVERSIDAD ASÍ COMO LOS REGLAMENTOS DEL PLANTEL.  **ATENATMENTE**  **“LIS DE VERACRUZ: ARTE, CIENCIA, LUZ”**  **POZA RICA VER., \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DE \_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **FIRMA DEL ALUMNO FIRMA DEL SECRETARIO(A) ACADÉMICO(A) SELLO** | |
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