**SOLICITUD DE BAJA DE EXPERIENCIAS EDUCATIVAS**

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| DATOS DEL ALUMNO | | | | | | | | | | |
| **PRIMER APELLIDO** | | **SEGUNDO APELLIDO** | | **NOMBRE (S)** | | | | | ID Matrícula | |
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| **DOMICILIO ACTUAL** | | **EN CASO DE EMERGENCIA AVISAR A:** | | | | | | | **SERVICIO MEDICO** | |
|  | |  | | | | | | |  | |
| **DATOS ACADÉMICOS** | | | | | | | | | | |
| **CARRERA** | | | **CAMPUS** | | | | | | **PERIODO** | |
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| INSCRIPCIÓN A EXPERIENCIAS EDUCATIVAS | | | | | | | | | | |
| NRC | EXPERIENCIA EDUCATIVA | | | | INSCRIPCIÓN | | | No. OPT. | | No. ELECT |
| 1ª. | 2ª. | 3ª. |
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| BOCA DEL RÍO, VER., A \_\_\_\_\_ DE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DE \_\_\_\_\_\_\_\_\_\_\_   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | | FIRMA DEL ALUMNO |  |  |  | FIRMA DE SECRETARIO | | | | | | | | | | | |

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| BOCA DEL RÍO, VER., A \_\_\_\_\_ DE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DE \_\_\_\_\_\_\_\_\_\_\_   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | | FIRMA DEL ALUMNO |  |  |  | FIRMA DE SECRETARIO | | | | | | | | | | | |