

# UNIVERSIDAD VERACRUZANA

DIRECCIÓN GENERAL DE ADMINISTRACIÓN ESCOLAR

# SOLICITUD DE INSCRIPCIÓN CRÉDITOS

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| DATOS DEL ALUMNO | | | | | | | | | | | | | | | | | | | | | |
| **PRIMER APELLIDO SEGUNDO APELLIDO NOMBRE (S)** | | | | | | | | | | | | | | | | | | | ID Matrícula | | |
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| DOMICILIO ACTUAL YTELÉFONOS (Casa, Oficina y Celular) | | | | | | | | | | **EN CASO DE EMERGENCIA AVISAR A:**  **(Nombre y Numero telefónico)** | | | | | | | | | SERV. MEDICO | | |
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| **DATOS ACADÉMICOS** | | | | | | | | | | | | | | | | | | | | | |
| **CARRERA** | | | | | | | | | | **CAMPUS** | | | | | | | | | **PERIODO** | | |
|  | | | | | | | | | | **VERACRUZ** | | | | | | | | |  | | |
| INSCRIPCIÓN A EXPERIENCIAS EDUCATIVAS | | | | | | | | | | | | | | | | | | | | | |
| NRC | EXPERIENCIA EDUCATIVA | | | | | | | | | | | INSCRIPCIÓN | | | | | | No. OPT. | | No. ELECT | |
| 1ª. | | 2ª. | | | 3ª. |
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| TUTOR ACADEMICO | | | | | | | | | | |  | | | | | | | | | | |
| **TIPO DE INSCRIPCIÓN** | | | | | | | | | | | | | | | | | | | | | |
| **REINGRESO** | |  | | **TRASLADO** | |  | | **POR REVALIDACIÓN O EQUIVALENCIA DE ESTUDIOS** | | | | | | |  | **REINGRESO DE BAJA TEMPORAL** | | | | |  |
| **REQUISITO PARA PASAR A CAJA** | | | | | | | | | | | | | | | | | | | | | |
| SELLO Y RUBRICA 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 al siguiente”**  **(Condonación solo para trabajadores UV)** | | | | | | | | | | | | |
| **AUTORIZACIÓN DE CONDONACIÓN** | | | | | | | | | **OBSERVACIONES** | | | | | | | | | | | | |
|  | | | | | | | | | **El caso omiso a esta leyenda dejará sin efecto el trámite de Inscripción Académica** | | | | | | | | | | | | |
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| VERACRUZ, VER., A \_\_\_\_\_ DE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DE \_\_\_\_\_\_\_\_\_\_\_  **FIRMA DEL ALUMNO FIRMA DEL SECRETARIO** | | | | | | | | | | | | | | | | | | | | | |

\* Este tramite esta sujeto a la revisión de la escolaridad.

\* Con el horario de la preinscripción es que debe inscribirse en línea

SOLICITUD DE INSCRIPCION

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MES DIA AÑO

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NOMBRES (S) APELLIDO PATERNO APELLIDO MATERNO

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DOMICILIO EN ESTA CIUDAD TELEFONOS: PARTICULAR CELULAR

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CORREO(S) ELECTRONICO(S) MATRICULA **GRUPO INICIAL**

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NOMBRE Y TELÉFONO DE ALGUN FAMILIAR O CONOCIDO EN LA ZONA CONURBADA VERACRUZ – BOCA DEL RÍO

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PERIODO DE PROCEDENCIA PERIODO QUE SOLICITA FIRMA DEL ALUMNO

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Vo. Bo. ESCOLARIDAD FIRMA Vo. Bo. DOCUMENTACION FIRMA

EL SOLICITANTE ESTA ENTERADO QUE SU INSCRIPCION ES CONDICIONADA HASTA QUE SU ESCOLARIDAD SEA VERIFICADA EN KARDEX.

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AUTORIZA SECRETARIO DE LA FACULTAD