



UNIVERSIDAD CENTRAL DE VENEZUELA

**ASIGNATURAS ELECTIVAS INTERFACULTADES**

SOLICITUD DE INSCRIPCIÓN - PREGRADO

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| Apellidos: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Nombres: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| C.I.: | V | | |  | | | |  | | |  | | | | | | |  | | | |  | | | | |  | |  | |  |  | |  | | |  | | | | |  | Sexo: | | | | | | | |  | |  | | | | M | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | |
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| Dirección de Habitación: | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Teléfono: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Teléfono Celular: | | | | | | | | | | | | | | | | |  | | | | (041 ) | | | | | | | | | | | | | | | | | | | | |
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| Correo Electrónico: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | |  | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Escuela de Origen: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | | Facultad: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Escuela Receptora: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | | Facultad: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Asignatura a Cursar: | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | Código: | | | | | | | |  |  | | |  | | | |  | |  | | | | | |  |  | | | |  | |  |  | |  | |  |  |  |
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| Régimen: | | | |  | | | | Anual | | | | | | | | | | | |  | | |  | | | | | Semestral | | | | | | | |  | | |  | | |  | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Número de Créditos: | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | Sección: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Horario: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Turno: | | | | | | | | 2. Tarde | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | |
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| Profesor: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Fecha Solicitud: | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | 2 | | | | Año | | | | |  | | | | | | |
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| Observaciones: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Firma Escuela de Origen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Firma del Cursante | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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| Firma Escuela de Receptora | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Observación** Esta planilla deberá estar acompañada de los siguientes recaudos:

* Horario de las materias que cursa en la escuela de origen.
* Expediente curricular.