



UNIVERSIDAD CENTRAL DE VENEZUELA

**ASIGNATURAS ELECTIVAS INTERFACULTADES**

SOLICITUD DE INSCRIPCIÓN - POSTGRADO

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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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| Postgrado de Origen: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Maestría. | | | | | | | | | | | |  | | | | | | | Facultad: | | | | | | | | | | | | | |  | | | | | | | | | | | |
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| Postgrado de Receptor: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Maestría. | | | | | | | | | | | |  | | | | | | | Facultad: | | | | | | | | | | | | | |  | | | | | | | | | | | |
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| Asignatura a Cursar: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Código. | | |  | | |  | | |  | | | |  | | | | | | |  | | | | | |  | | | |  | |  | | |  | | |  | | | |  | |  | |
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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: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Período Académico: | | | | | | | | | | | | | | | | 1 | | | | | | |  | | | | | Año: | | | | | | |  | |  | | |  | |  | |  | | |
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| Observaciones: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Costo de U.C. | | | | | |  | | | | | | | | | | | | | | | | | | | Cancela Bs. | | | | | | |  | | | | | | | | | | | | | | | | | N° Recibo | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
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| Firma de Postgrado de Origen | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Firma del Cursante: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Firma de Postgrado Receptor | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | **Observación:** Esta planilla deberá estar acompañada de los siguientes recaudos: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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