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| **Planilla de Solicitud** | | | | | | | | | | | | | | | | | | | | | | | | |
| **DATOS DEL (LA) DOCENTE** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Nombre y Apellido** | | | |  | | | | | | | | | | | | | **C.I.** | | | |  | | | |
| **Correo Electrónico** | | | |  | | | | | | | **Teléfonos** | | | | |  | | | | | | | | |
| **Experiencia en EaD** | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Realizó el Curso de Inducción al Campus Virtual de la UCV** | | | | **Si** |  | **Lugar** | | | |  | | | | | | | | | | | | | | |
| **No** |  | **Fecha** | | | |  | | | | | | | | | | | | | | |
| **Facultad / Dependencia / Centro** | | | |  | | | | | | | | | | **Pregrado** | | | |  | |  | | | | |
| **Postgrado** | | | |  | |  | | | | |
| **Otro** | | | |  | |  | | | | |
| **Escuela / Unidad** | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Departamento** | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Cátedra** | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Otros (as) Docentes Corresponsables** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Nombre y Apellido** | | | |  | | | | | | | | | | | | | **C.I.** | | | |  | | | |
| **Correo Electrónico** | | | |  | | | | | | | **Teléfonos** | | | | |  | | | | | | | | |
| **Experiencia en EaD** | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Realizó el Curso de Inducción al Campus Virtual de la UCV** | | | | **Si** |  | **Lugar** | | | |  | | | | | | | | | | | | | | |
| **No** |  | **Fecha** | | | |  | | | | | | | | | | | | | | |
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| **Nombre y Apellido** | | | |  | | | | | | | | | | | | | **C.I.** | | | |  | | | |
| **Correo Electrónico** | | | |  | | | | | | | **Teléfonos** | | | | |  | | | | | | | | |
| **Experiencia en EaD** | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Realizó el Curso de Inducción al Campus Virtual de la UCV** | | | | **Si** |  | **Lugar** | | | |  | | | | | | | | | | | | | | |
| **No** |  | **Fecha** | | | |  | | | | | | | | | | | | | | |
| **DATOS DE LA ASIGNATURA / CURSO** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Carrera / Disciplina** | | | |  | | | | | | | | | **Mención** | | | |  | | | | | | | |
| **Nombre de la Asignatura / Curso** | | | |  | | | | | | | | | **Pregrado** | | | |  | |  | | | | | |
| **Postgrado** | | | |  | |  | | | | | |
| **Otros** | | | |  | | **Indique:** | | | |  | |
| **Tipo de Asignatura / Curso** | | | | **Obligatoria** | | | |  |  | | | | | | | | | | | | | | | |
| **Electiva** | | | |  |  | | | | | | | | | | | | | | | |
| **Optativa** | | | |  |  | | | | | | | | | | | | | | | |
| **Otros** | | | |  | **Indique:** | | |  | | | | | | | | | | | | |
| **Año / Semestre / Período** | | | |  | | | | | | | | | | | | | | | | | | | | |
| **SINOPSIS PROGRAMÁTICA DE LA ASIGNATURA / CURSO** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Síntesis descriptiva de la Asignatura** | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Competencias a desarrollar** | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Estructura de Contenidos** | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Estrategias Didácticas** | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Herramientas tecnológicas y Comunicacionales a Utilizar** | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Estrategias de Evaluación** | | | |  | | | | | | | | | | | | | | | | | | | | |

**AVAL**

El presente espacio para el otorgamiento del aval deberá ser suscrito por la instancia académica a la cual corresponda la adscripción de la asignatura o curso, es decir, cátedra, área, coordinación del postgrado o su equivalente.

Se otorga el presente aval al (a la) profesor (a) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de la asignatura / curso \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ para ser alojada en el Campus Virtual UCV.

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| --- | --- | --- | --- |
| **Profesor (a) de la Asignatura Curso** | | **Instancia Académica:** | |
| **Nombre** | **Firma** | **Nombre** | **Firma** |
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**AVAL DE LA COORDINACIÓN DE EAD DE LA FACULTAD / DEPENDENCIA / CENTRO**

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| **FACULTAD / DEPENDENCIA / CENTRO** | **COORDINADOR (A)** | |
| **Nombre** | **Firma** |
| Facultad de Agronomía | Dra. Yolimar Goatache |  |

Fecha: \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_