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| **DATOS DEL ESTUDIANTE** | | | |
| **NOMBRES Y APELLIDOS** |  | **DOC. DE IDENTIDAD** |  |
| **PROGRAMA – NIVEL CURSADO** |  | | |
| **PROGRAMA AL QUE ASPIRA** |  | **PERIODO ACADEMICO** |  |
| **FIRMA ESTUDIANTE** |  | **FECHA SOLICITUD** |  |

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| **INFORMACION ACADEMICA** | | | |
| **PORCENTAJE DE CREDITOS APROBADOS** |  | **ULTIMO PERIODO ACADEMICO CURSADO** |  |
| **OBSERVACIONES** |  | | |

| **INFORMACION MODALIDAD DE GRADO** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MATRICULADA** | **SI** | **NO** | **OPCIÓN ELEGIDA** |  | | | | |
| **APROBADA** | **SI** | **NO** | **EN CURSO** | | **SI** |  | **NO** |  |
|  | |  | | |  | | | |
| **NOMBRE** | | **FIRMA DIRECTOR DE UNIDAD ACADÉMICA DOCENTE O INVESTIGACIONES** | | | **FECHA** | | | |
| **OBSERVACIONES ADICIONALES** | | | | | | | | |
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| **VISTO BUENO CONTINUACIÓN SIGUIENTE NIVEL** | | | | | |
| **CONTINUA AL SIGUIENTE NIVEL** | | **SI** |  | **NO** |  |
|  |  | | |  | |
| **NOMBRE DIRECTOR UNIDAD** | **FIRMA DIRECTOR UNIDAD** | | | **FECHA** | |
| **OBSERVACIONES ADICIONALES** | | | | | |
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