FORMULARIO PARA MOVILIDAD ESTUDIANTIL UNIFRANZ (incoming)

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| **Primer apellido** | |  | | | | **Segundo Apellido** | | |  | | |
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| **Nombres completos** | |  | | | | | | | | | |
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| **Fecha de nacimiento** | | **día** | | **mes** | **año** | **Lugar** | |  | | | |
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| **Género** | | **F** | **M** | **Estado Civil** | | | |  | | |  |
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| **Ciudad de residencia** | |  | | | | **País** | |  | | | |
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| **Tipo de documento** | | **PASAP.** | | **C.C.** | **T.I.** | **No. de documento** | | |  | | |
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| **Dirección actual** | |  | | | | | | | | | |
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| **Teléfono fijo** | |  | | | | **Celular** | |  | | | |
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| **e-mail** | |  | | | | | | | | | |

1. **DATOS UNIVERSIDAD DE ORIGEN:**

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| **Universidad Origen** |  | | | | | |
| **Facultad o Escuela** |  | | | | | |
| **Programa o carrera** |  | | | | **País** |  |
| **Semestre que cursa** |  | **Promedio acumulado** |  | **Código estudiantil** | |  |

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| **Teléfono** |  |

1. **EN CASO DE EMERGENCIA AVISAR A:**

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| **Nombre** |  |
| **EMAIL** |  |

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| **Día** | **Mes** | **Año** |
| **Nombre Estudiante** |  | **Firma** |  | **Fecha** | | |
|  |  |  |  |  |  |  | |
| **Día** | **Mes** | **Año** | |
| **Responsable de Relaciones Internacionales** |  | **Firma** |  | **Fecha** | | | |

**PLAN ACADÉMICO DE INTERCAMBIO**

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| **Apellidos** |  | **Nombres** |  |

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| **Universidad de Origen** |  | **Universidad de Destino** |  |

**ASIGNATURAS A CURSAR EN LA UNIVERSIDA DE DESTINO**

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| **Código Asignatura** | **Nombre Asignatura** | **Horas semanales** | **Créditos** | **Semestre de la asignatura** |
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**ASIGNATURAS A CONVALIDAR EN LA UNIVERSIDAD DE ORIGEN**

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| --- | --- | --- | --- | --- |
| **Código Asignatura** | **Nombre Asignatura** | **Horas semanales** | **Créditos** | **Semestre de la asignatura** |
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**La Universidad de Origen Aprueba el Plan Académico de Intercambio**

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| **Nombre del tutor o coordinador** | **Cargo** | **Firma** |

**La Universidad de Destino Aprueba el Plan Académico de Intercambio**

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| --- | --- | --- |
|  |  |  |
| **Nombre del tutor o coordinador** | **Cargo** | **Firma** |

**El Estudiante está de acuerdo con el Plan Académico de Intercambio**

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| **Nombre del candidato** | **Firma** | **Fecha** | | |

**NOTA: La convalidación de las materias se realizará una vez que la universidad de destino haga el envío de del certificado de notas de las asignaturas cursadas.**