

**SOLICITUD DE UEA - GRUPO**

** A ESTUDIOS DE POSGRADO**

**UNIVERSIDAD AUTONOMA METROPOLITANA**

**COLOQUE EL NÚMERO QUE CORRESPONDA EN EL CUADRO RESPECTIVO**

**APELLIDO PATERNO APELLIFO MATERNO NOMBRE(S) MATRICULA**

${nombre} ${matricula}

**DIVISION NIVEL NACIONALIDAD**

**CBI CSH CBS ESPECIALIZACION MAESTRIA DOCTORADO** ${nacionalidad}

**POSGRADO AREA DE CONCENTRACION**

${posgrado}

**CLAVE DE UEA CREDITOS GRUPO**

${creditos1}

**FECHA DE INSCRIPCION TRIMESTRE**

**DIA MES AÑO**

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${creditos2}

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**SOLICITANTE**

**FIRMA**

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**COORDINACION DE SISTEMAS ESCOLARES**

**FIRMA Y SELLO**

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **REVISA LA SERIACION DE LAS UNIDADES DE ENSEÑANZA APRENDIZAJE Y QUE EL HORARIO QUE ESCOJAS SEA COMPATIBLE; ASI COMO HABER CUBIERTO LAS CUOTAS POR SERVICIOS** |

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**NOTA: ESTE FORMATO SE IMPRIME POR TRIPLICADO**

**T1 DIRECCIÓN DE SISTEMAS ESCOLARES COORDINACIÓN DE SISTEMAS ESCOLARES**

**T2 ALUMNO**

**T3 INGRESOS**