# CÉDULA DE REGISTRO DEL SOLICITANTE

## DATOS PERSONALES

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| Nombre del solicitante: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | |  |  | | | Apellido paterno, materno, nombre (s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Fecha de Nacimiento: | | | | | | | | | |  | | | | | | | | |  | |  | Sexo: | | | |  | | | | | | Estado civil: | | | | | | | | | |  | | | | | |
|  |  |  | |  | |  |  | | | Año Mes Día | | | | | | | | |  | |  |  |  |  | |  | | |  | | |  | |  | | |  | |  | | |  |  | |  |  | |
| C.U.R.P. | | | | | | | | | |  | | | | | | | | | | | | | |  | |  | | |  | | | Tipo de sangre: | | | | | | | | | |  | | | | | |
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| Lugar de Nacimiento: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nombre del padre: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Dirección del Padre: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nombre de la madre: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Dirección de la madre: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nombre del cónyuge: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | Tiene Hijos: | | | | | | | |  | | | |
|  |  |  | |  | |  |  | | | Nombre Completo | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **DOMICILIO PERMANENTE PARA CORRESPONDENCIA Y NOTIFICACIONES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Domicilio donde va a residir durante la carrera** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Calle, número exterior y número interior: | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Colonia: | | | | | |  | | | | | | | | | | | | | | | | | | | | | C.P. | | | | | | | | | | |  | | | | | | | | | |
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| Ciudad: | | | | | |  | | | | | | | | | | | | | | Estado: | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
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| Teléfono: | | | | | | 01 | | | | | | | | | | | | | | Correo Electrónico: | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  |  |  | |  | |  | LADA | | | |  | | |  | |  |  | |  | |  |  |  |  | |  | | |  | | |  | |  | | |  | |  | | |  |  | |  |  | |
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|  | | | | | | **DATOS DE EMERGENCIA EN CASO DE ACCIDENTE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nombre completo: | | | | | | | | |  | | | | | | | | | | | | | | | | | Parentesco: | | | | | | | | | | | |  | | | | | | | | |
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| Calle, número exterior y número interior | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Colonia: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | C.P. | | | | | | | | | | | |  | | | | | | | |
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| Ciudad y Estado | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Teléfono | | | 01 | | | | | | | | | | | Correo Electrónico: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | LADA | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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# CÉDULA DE REGISTRO DEL SOLICITANTE

**DATOS DEL PROGRAMA QUE SOLICITA**

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| Programa: | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Línea de investigación: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **DATOS ACADÉMICOS DEL SOLICITANTE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nombre de la maestría: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Institución de Procedencia: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Entidad Federativa: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Periodo de la maestría: | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | al | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
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| Promedio obtenido: | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | Acta de examen: (SI/NO) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | Año de titulación: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Periodo de la licenciatura: | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | al | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Año de titulación: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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