# DATOS DEL PROGRAMA A ESTUDIAR

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| NOMBRE DEL PROGRAMA: |  |  |
|  |  |  |

# DATOS GENERALES

NOMBRE (S) APELLIDO PATERNO APELLIDO MATERNO

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DIRECCIÓN CALLE NÚMERO COLONIA C.P CIUDAD Y ESTADO

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| FECHA DE NACIMIENTO  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | TELÉFONO  \_\_\_\_\_\_\_\_\_\_\_\_\_ | DOMICILIO  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | OFICINA  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | CELULAR  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| CORREO ELECTRóNICO:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |

# ESTUDIOS PREVIOS (MARQUE CON UNA “X” UNo O VARIOS CAMPOS)

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| --- | --- | --- | --- | --- |
| * PASANTE | * LICENCIATURA | * MAESTRÍA | * DOCTORADO | * OTROS |
| ÁREAS DE ESTUDIO |  |  |  |  |
| INSTITUCIÓN DE PROCEDENCIA |  |  |  |  |
|  |  |  |  |  |

# ¿POR MEDIO DE CUáL MEDIO SE ENTERó DE ESTE EVENTO? (Marque con una “X” uno o varios campos)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | web ampiecc | póster o flyer | correo electrónico |  | radio | recomendación | otro | especifique | |  | |  |
|  |  |  | |