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| **FECHA SOLICITUD** | | | | | | | |
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| **Día** | | **Mes** | | **Año** | | | |

**SOLICITUD DE INSCRIPCIÓN**

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| **DATOS PERSONALES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **APELLIDO PATERNO** | | | | | | | | | | | | | | | | | **APELLIDO MATERNO** | | | | | | | | | | **NOMBRE (S)** | | | | | | | | | | | | |
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| **FECHA NACIMIENTO** | | | | | | | | | | | | | | **ESTADO CIVIL** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Dia** | | | | **Mes** | | | | **Año** | | | | | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Soltero/a** |  | **Casado/a** |  | **Viudo/a** |  | **Divorciado/a** |  | **Unión libre** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DIRECCION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CALLE** | | | | | | | | | | | | | | | | | | | **NUMERO EXTERIOR** | | | | **NUMERO INTERIOR** | | | **COLONIA** | | | | | | | | | **CIUDAD Y ESTADO** | | | | |
|  | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | | | | | | |  | | | | |
| **CODIGO POSTAL** | | | | | | | | | | | | | | **HABLA ALGUNA LENGUA INDIGENA** | | | | | | | | | | | **CUENTA CON ALGUNA DISCAPACIDAD** | | | | | | | | | | | | | | |
|  | |  | | |  | | |  | |  | |  | | **Si** | | |  | | | **No** | |  | | | **Si** |  | **No** | |  | | **\*Cual:** | | |  | | | | | |
| **TELEFONO CELULAR** | | | | | | | | | | | | | | | | | | | | | | | | | **TELEFONO FIJO** | | | | | | | | | | | | | | |
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| **NUMERO DE SEGURO SOCIAL** | | | | | | | | | | | | | | | | | | | | | | | | **CORREO ELECTRONICO** | | | | | | | | | | | | | | | |
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| **ANTECEDENTES ESCOLARES** | | | | | | | | | | |
| **ESCUELA DE PROCEDENCIA** | | | | | | | | | | |
| **CBTiS** |  | **CBTa** |  | **COBACH** |  | **CECyTE** |  | **Preparatoria** | |  |
| **Sistema Abierto** |  | **OTRO** |  | **Especifique:** | | | | | | |
| **NOMBRE DE LA ESCUELA (PREPARATORIA)** | | | | | | | | | **PROMEDIO** | |
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| **CARRERA A CURSAR** |
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| **USO EXCLUSIVO DE SERVICIOS ESCOLARES** | | | |
| **Original para cotejar y Copias** | **DOCUMENTOS SOLICITADOS** | **DOCUMENTOS ENTREGADOS** | **RECIBIÓ Y REVISÓ** |
| **\*\*\*1** | **CERTIFICADO DE BACHILLERATO O EQUIVALENTE** | **( )** |  |
| **1** | **ACTA DE NACIMIENTO** | **( )** |
| **1** | **CURP** | **( )** |
| **1** | **2 FOTOGRAFIAS TAMAÑO INFANTIL RECIENTE** | **( )** |
| **\*\*1** | **DICTAMEN DE REVALIDACIÓN O EQUIVALENCIA DE ESTUDIOS** | **( )** |
| **\*\*1** | **COPIA DE FORMA FM9 (EN CASO DE SER EXTRANJERO)** | **( )** |
| **1** | **COPIA DE COMPROBANTE DE PAGO DE CUOTA DE INSCRIPCIÓN** | **( )** |
| **\*\*1** | **CERTIFICADO MEDICO (EN CASO DE CONTAR CON DISCAPACIDAD)** | **( )** |

\*\*\* En caso de no contar con este documento, se deberá presentar en un plazo no mayor a 90 días a partir del inicio de clases.

\* Cuando aplique

RECIBIÓ Y REVISÓ

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|  |  |  |
| --- | --- | --- |
| Original para cotejar y copias | DOCUMENTOS SOLICITADOS | DOCUMENTOS ENTREGADOS |
| 1 | CERTIFICADO DE BACHILLERATO O EQUIVALENTE | ( ) |
| 1 | ACTA DE NACIMIENTO | ( ) |
| 1 | CURP | ( ) |
|  | 2 FOTOGRAFIAS RECIENTES TAMAÑO INFANTIL | ( ) |
| \*1 | DICTAMEN DE REVALIDACIÓN O EQUIVALENCIA DE ESTUDIOS | ( ) |
| \*1 | COPIA DE FORMA FM 9 (EN CASO DE SER EXTRANJERO) | ( ) |
| 1 | COPIA DE COMPROBANTE DE CUOTA POR CONCEPTO DE INSCRIPCIÓN |  |
| \*1 | CERTIFICADO MÉDICO | ( ) |

**PARA USO EXCLUSIVO DEL DEPARTAMENTO DE SERVICIOS ESCOLARES**

**CARRERA**

CARRERA A CURSAR:

\*\* Cuando aplique

\*\* Física/Motriz, Intelectual, Múltiple, Auditiva, Hipoacusia, Sordera, Discapacidad Visual, Baja visión, Ceguera, Psicosocial