**SOLICITUD ALUMNO**

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|  | NOMBRE ALUMNO: | | | |  | | | | | | | | MAT: | |  | | | |  | |
|  |  |  |  | COD | | AÑO | N° |  |  |  | |  | |  | |  |  |  | |
|  | PLAN DE ESTUDIO: | | |  | |  |  |  | CARRERA: | |  | | | | | | |  | |
|  | e-mail: | |  | | | | @udec.cl | | Fono: |  | | | | | | | |  | |

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|  | ESPECIFIQUE QUE SOLICITA: (Ejemplo: Suspensión de estudios, convalidación etc.)   |  | | --- | |  |   FUNDAMENTE LA SITUACIÓN (se debe acompañar documentación cuando corresponda): | | | | | | | | | | | | | | |  |
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|  | Fecha: | | - - | | | |  |  |  | | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  | FIRMA ALUMNO | | |  |  |  |  |
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|  | CAUSAL DE LA SOLICITUD (RESERVADO SECRETARÍA ACADÉMICA): | | | | | | | | | | |  |  |  |  |  |
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|  | DIRIGIDA A: | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | OPINIÓN O RESOLUCIÓN DE: | | | | |  |  |  |  |  |  |  |  |  |  |  |
|  | **JEFE DE CARRERA** | | |  |  | **COMITÉ DE ASUNTOS ESTUDIANTILES DE LA CARRERA** | | | | | | | | |  |  |
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|  | ACEPTADA | |  |  | RECHAZADA | |  |  |  |  |  |  |  |  |  |  |
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|  | RESOLUCIÓN DE: | | | | |  |  |  |  |  |  |  |  |  |  |  |
|  | **SECRETARIO ACADÉMICO** | | | | |  |  | **VICEDECANO** | | |  |  | **DECANO** | |  |  |
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|  | ACEPTADA | |  |  | RECHAZADA | |  |  |  |  |  |  |  |  |  |  |
|  | Fecha: | | - - | | | |  |  |  | | | | |  |  |  |
|  |  |  |  |  |  |  |  |  | FIRMA | | | | |  |  |  |
| JDVO/noa | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |