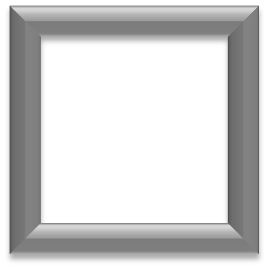
PLANILLA DE INSCRIPCIÓN



FOTO

Fecha de Ingreso

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Nacionalidad N° Cédula de Identidad

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| Venezolana |  |  |  |  |  |  |  |  |  |  |
| Extranjera |  |

Primer y Segundo Apellido

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Primer y Segundo Nombre

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| Fecha de  Nacimiento | | | Lugar de Nacimiento | | | | | | | | Estado  Civil | | Edad | Sexo | | ¿Trabaja? | |
|  |  |  | Ciudad | | | Estado | | País | | |  | F | | Sí  No | |
|  | | |  | |  | | |  | |  | M | |
| Dirección de Habitación:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telf.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |
| Ciudad | | | | Estado | | | ¿Posee Vehículo? | | | | | | | | | | |
|  | | | |  | | | Sí  No | | Placa | | | Marca | | | Color | | |
| E-mail Principal: | | | |  | | | | | | | | | | | | | |
| E-mail Secundario: | | | |  | | | | | | | | | | | | | |
| PERFIL ACADÉMICO | | | | | | | | | | | | | | | | | |
| Estudios Universitarios | | | | | Título o Grado obtenido | | | | | Institución | | | | | | | Año de Egreso |
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| PERFIL LABORAL | | | | | | | | | | | | | | | | | |
| Nombre del lugar donde labora:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cargo:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dirección:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telf.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ingreso Apróx.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |
| Si Ud. está casado, indique nombre y apellidos del cónyuge:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Profesión:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ¿Trabaja? Sí No Nombre de la Empresa:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dirección:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cargo:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ingreso Apróx.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |
| DATOS FAMILIARES ¿Tiene Hijos? Sí No ¿Cuántos?\_\_\_\_\_\_\_ ¿Estudian? Sí No Nivel:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |

PROGRAMA DE ESTUDIOS AVANZADOS

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| Modalidad |
| Semipresencial |

Nombre del Programa de Estudios Avanzados:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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Recepción de Documentos al momento de la Inscripción

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| Requisitos de Ingreso | Sí | No |
| Fondo Negro del Título Profesional, registrado y autenticado, con vista al original. |  |  |
| Fondo Negro autenticado de Notas Certificadas de Pregrado con vista al original. |  |  |
| Dos (2) Fotocopias de la Partida de Nacimiento, con vista a la original sin enmiendas y legible. |  |  |
| Dos (2) Fotocopias de la Cédula de Identidad, vigente, ampliada al 200%, clara, legible e impresa en hoja tamaño carta. |  |  |
| Dos (3) Fotografías de Frente, tamaño carnet, fondo blanco. |  |  |
| Currículo Actualizado (Sin Soportes). |  |  |
| Comprobante de Pago por concepto de inscripción y primera cuota. |  |  |
| Cursar y cumplir con los requisitos del Curso Introductorio. |  |  |
| Consultar Descuentos y Beneficios (en caso de aplicar). Especifique\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

Observaciones:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

El Participante declara expresamente conocer los requisitos de carácter técnico asociados con la modalidad semi presencial en Aula Virtual UBA, y se responsabiliza de su acceso a internet.

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| Firma del Participante | Firma por la Institución |