***Diligencie completamente este formulario***

FOTO

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| **DATOS PERSONALES:** |  |  |  |  |
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| **Nombre Completo** | |  | | | | | | | | | | | | | | | | |
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| **Fecha de nacimiento** | | **día** | |  | | | **mes** | |  | **año** |  | **Lugar** | |  | | | | |
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| **Género** | | **F** |  | | **M** |  | | **Estado Civil** | | | | | |  | | | |  | |
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| **Ciudad de residencia** | |  | | | | | | | | | | **País** | |  | | | | |
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| **Documento de Identidad N°** | |  | | | | | | | |  | **Celular** |  | | | |  | | |
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| **e-mail** | |  | | | | | | | | | | | | | | | | |
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**INFORMACIÓN UNIVERSIDAD DE ORIGEN:**

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| **Universidad Origen** |  | | | | **País** |  | |
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| **Programa o carrera** |  | | | | | | |
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| **# Semestre actual** |  | **Promedio acumulado** |  | **Código estudiantil** | | |  |

**INFORMACIÓN UNIVERSIDAD DE DESTINO:**

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| **Universidad Destino** |  | | |
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| **Programa o carrera** |  | **País** |  |
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**OBJETIVO DEL INTERCAMBIO**

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| **Cursar asignaturas virtuales en Pregrado** |  | **Cursar asignaturas virtuales en Posgrado** |  | **Práctica Profesional Virtual** |  |

**ASIGNATURAS A CURSAR EN LA UNIVERSIDAD DE DESTINO**

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| **Nombre Asignatura** | **Créditos** |
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**ASIGNATURAS A CONVALIDAR EN LA UNIVERSIDAD DE ORIGEN**

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| **Nombre Asignatura** | **Créditos** | **Semestre de la asignatura** |
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**La Universidad de Origen Aprueba el Plan Académico de Intercambio**

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| **Nombre Director de Programa** |  | **Firma** |

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| **Día** | **Mes** | **Año** |
| **Nombre del candidato** | **Firma** | | | | **Fecha** | | |

**NOTA: La convalidación de las materias se realizará una vez que la Universidad de Destino envíe las calificaciones originales.**