SOLICITUD DE INSCRIPCIÓN PARA REALIZAR EL EJERCICIO PROFESIONAL SUPERVISADO-EPS-

FOTO

Fecha:

Señor Director:

Centro Universitario de Chimaltenango

UNIVERSIDAD DE SAN CARLOS DE GUATEMALA

Presente:

Por este medio solicito se me autorice la inscripción al Ejercicio Profesional Supervisado en este Centro, de acuerdo a los normativos y reglamentos vigentes.

1. **DATOS PERSONALES**

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| CARNÉ: |  |  |  |  | |  | |  |  | TEL: | | | | | |  | | |  | | | |  | | |  | | |  | |  | |  | | |  | | |  | | | | | |
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| CARRERA: | 1. Contador Público y Auditor |  | | |  | | 2. Administración  de Empresas | | | | | | | |  | | | | | | |  | | | 3. Lic. en Turismo | | | | | | | | | | |  | | | | | |  | | |
|  |  | 4. Licenciatura en Pedagogía y Administración Educativa | | | | | | | | | | | | |  | | | | | | |  | | |  | | | | | | | | | | |  | | | | | |  | | |
| E-MAIL |  |  |  |  | |  | |  |  |  | |  | |  | | | |  | | |  | | | | | | |  | | | |  |  | |  | | |  | | |  | | |  |

1. **DOCUMENTOS QUE SE ADJUNTAN**

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| 2.1 | Constancia de inscripción extendida por el departamento de | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | Registro y Estadística correspondiente al año en curso. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | | |
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| 2.2 | Certificación de currículo cerrado (original actualizada). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | | | |
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| 2.3 | Currículo Vitae (Original Actualizado) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | | | |
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| 2.4 | Solvencia de Tesorería ( Matrícula Consolidada) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | | | |
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| 2.5 | Solvencia de Biblioteca Central (vigencia 48 horas). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | | | |
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| 2.6 | Solvencia de Biblioteca del Centro Universitario (vigencia 24 horas) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | | | |

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| **3 Fechas en las que me he sometido al E.P.S** | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |
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| 1. **Semestre en el que se realizará el E.P.S** | | | | | | | | | | | | | | | | | Primero | | | | | |  | |  | |  | | | Segundo | | | |  | |
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| Firma de autorización y sello | | | | | | | | | |  | | |  | |  | | |  | | |  | | |  | | | | |  | |  | |  | |
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|  | | |  | | Firma del Estudiante | | | | | | | | | | | | | |  | |  | |  | |
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