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**

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

1. **DOCUMENTOS QUE SE ADJUNTAN**

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **3 Fechas en las que me he sometido al E.P.S** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Semestre en el que se realizará el E.P.S**
 | Primero |  |  |  | Segundo  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Firma de autorización y sello |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |
|  |  | Firma del Estudiante |  |  |  |
|  |  |  |  |  |  |  |