# **Universidad Veracruzana**

**Facultad de Derecho**



**Solicitud de Inscripción**

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| Datos del Alumno | | | | | | | | | | | | | | | | | | | |
| **Primer Apellido Segundo Apellido Nombre (s)** | | | | | | | | | | | | | | | | | ID Matrícula | | |
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| Domicilio y No. Telefónico | | | | | | | | **En caso de emergencia avisar a:** | | | | | | | | | Servicio Médico | | |
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| **Datos Académicos** | | | | | | | | | | | | | | | | | | | |
| **Programa Educativo** | | | | | | **Campus** | | | | **Periodo** | | | | | | | | **Sección** | |
|  | | | | | | **Xalapa** | | | |  | | | | | | | |  | |
| Inscripción a Experiencias Educativas | | | | | | | | | | | | | | | | | | | |
| NRC | SEC | Experiencia Educativa | | | | | | | | | Inscripción | | | No.CRED | | Horario | | | |
| 1ª. | 2ª. | |
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| Total de créditos | | | | | | | | | | |  | | | | | | | | |
| Tutor Académico | | | | | | | | |  | | | | | | | | | | |
| **TIPO DE INSCRIPCION** | | | | | | | | | | | | | | | | | | | |
| **Reingreso** | | |  | **Traslado** |  | | **Ingreso por Cambio de Carrera o Equivalencia** | | | | | |  | | **Reingreso de Baja Temporal** | | | |  |
| **Observaciones** | | | | | | | | | | | | | | | | | | | |
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| Xalapa, Ver., a \_\_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_de 2024    **DR. JOEL HERNÁNDEZ ZUBIRI**  **FIRMA DEL ALUMNO SECRETARIO DE LA FACULTAD DE DERECHO** | | | | | | | | | | | | | | | | | | | |

* Este trámite está sujeto a la revisión de la escolaridad.
* Anotar el nombre de tu secretaria de ventanilla.