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**MAESTRÍA EN:**

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| **Apellidos y Nombres** | | | |  | | | | | | | | | | | | | | | |
| **País** | |  | | | | **Provincia** | | | |  | | | | | | **Ciudad** | | |  |
| **Título de Tercer Nivel** |  | | | | | | | | | | **Código de Registro de SENESCYT** | | | | | | |  | |
| **Cédula de Identidad** |  | | | | | | | | | | **Teléfono** | | | |  | | | | |
| **Dirección** |  | | | | | | | | | | **Móvil** | | | |  | | | | |
| **Email** |  | | | | | | | | | | | | | | | | | | |
| **Posee alguna Discapacidad** | **Si No** | | | | | | | | | | | | | | | | | | |
| **ESPACIO DE USO DEL CENTRO DE ESTUDIOS DE POSTGRADO – ULEAM** | | | | | | | | | | | | | | | | | | | |
| **Fecha de Inscripción** | | |  | | | | | | | | | **No. Registro** | | | | |  | | |
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| **DOCUMENTOS ENTREGADOS :** |
| Copia color Cédula de Identidad  Copia color Certificado de Votación  Foto color Tamaño Pasaporte  Copia color Título de Tercer Nivel  Copia Color Carnet CONADIS |

Aspirante: Recepción Documental:

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