COLEGIO DEPARTAMENTAL DEL

DEPARTAMENTO DE \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Convocatoria de Becas para \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_**

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| **FORMATO DE SOLICITUD DE BECA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nombre completo: | | | | | |  | | | | | | | | | | | | | | | |  | | | PTC Ind. | | | | | | | |  | Nivel | | | | | |  | | | |
|  | | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | |  | | | | | |  | | | |
| Núm. Empleado: | | | | |  | | | | | |  | | | | | | | | | | | | | | MTC Ind. | | | | | | | |  | Nivel | | | | | |  | | | |
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| Facultad Interdisc.: | | | | | | |  | | | | | | | | | | | | | | | |  | | TA Ind. | | | | | | |  | | Nivel | | | | | |  | | | |
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| Campus: | |  | | | | | | | | | | | | | | | | | | | | |  | | PA Ind. | | | | | | |  | | Nivel | | | | | |  | | | |
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| Domicilio particular: | | | | | | | |  | | | | | | | | | | | | Col. | | |  | | | | | | | | | | | C.P. | | | | |  | | | | |
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| Ciudad: |  | | | | | | | | | | | | | | | | | | | Estado: | | | | |  | | | | | | | | | | | | | | | | | | |
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| Tel. casa: | | (662) | | | | | | | Tel. Trabajo: | | | | (662) | | | | | | | | | | | Celular: | | | | | | | (662) | | | | | | | | | | | | |
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| Programa de Estudios: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Institución sede: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Ciudad Sede: | | |  | | | | | | | | | | | | | | | | | Estado/País: | | | | | | | |  | | | | | | | | | | | | | | | |
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| Área prioritaria de conocimiento que atienden los estudios de posgrado: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
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| Plan de estudios de ciclo escolar: | | | | | | | | | | | | Trimestral | | |  | | Cuatrimestral | | | | | | | | |  | Semestral | | | | | | | |  | Anual | | | | | |  |
|  | | | | | | | | | | |  | | | | |  | | |  | | | | | | | | | | | | | | | | | |  | | | | | | |
| Duración del Programa de Posgrado: | | | | | | | | | | | | |  | | | | | | | | Fecha de Ingreso al Posgrado: | | | | | | | | | | | | | | | | | \_\_/\_\_/\_\_ | | | | | |
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| Solicitud de beca para: | | | | | | | | | | Iniciar estudios | | | |  | Continuar estudios | | | | | | | | | | | |  | | | Concluir estudios | | | | | | | | | | |  | |

Exposición de motivos para realizar los estudios de posgrado:

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De verme beneficiado(a) con el apoyo de beca asumiré el compromiso y me haré responsable de las consecuencias que se deriven del incumplimiento del contrato que se celebre entre quien suscribe y la Universidad de Sonora. Así mismo, aceptaré que se proceda con las sanciones establecidas en la normatividad institucional aplicable.

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|  | Nombre completo y firma autógrafa |  |

Imprimir por ambas caras