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| **datos personales** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | fotografía | | | | |
| Nombre: |  | | | | | | | | | | |  | |  | | | | | | | |  | | |  | | | | | | | | |
| Apellido Paterno | | | | | | |  | | Apellido Materno | | | | | | | | |  | | Nombre(s) | | | | | | | | | | | | |
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| Edad: |  | | | | Nacionalidad: | | | | | |  | | | | | | | | Estado Civil: | | | | | | | | | |  | | | | |
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| Teléfono | casa: | | | |  | | | | | | | | | | | Correo electrónico: | | |  | | | | | | | | | | | | | | |
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| Idiomas  (% de dominio): | | | | |  | | | | | | | | | | | Habilidades  (3 o más): | | |  | | | | | | | | | | | | | | |
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| Hobbies: | | | | |  | | | | | | | | | | | Dependientes económicos: | | |  | | | | | | | | | | | | | | |
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| **información académica** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nivel de estudios | | |  | | Escuela de procedencia | | | | | | | | |  | | Nombre del Programa | | | | |  | | | Promedio Global | | | | |  | | Estudios concluidos | | |  | | Título/ Grado obtenido | | |
| Sí |  | No |  | | Sí |  | No |
| Licenciatura | | |  | |  | | | | | | | | |  | |  | | | | |  | | |  | | | | |  | |  |  |  |  | |  |  |  |
| Maestría | | |  | |  | | | | | | | | |  | |  | | | | |  | | |  | | | | |  | |  |  |  |  | |  |  |  |
| Otros | | |  | |  | | | | | | | | |  | |  | | | | |  | | |  | | | | |  | |  |  |  |  | |  |  |  |
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| **experiencia laboral** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lugar | | | | | | | |  | | Periodo | | | | | | | |  | Teléfono(s) | | | | | | | |  | Actividades principales | | | | | | | | | | |
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| **datos relacionados con el posgrado** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Programa Académico de interés: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Área de interés: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Ha recibido algún tipo de beca: | | | | | | | | | | | | | | | | | | | | | | | | | Sí ( ) No ( ) | | | | | | | | | | | | | |
| En caso de haber respondido la pregunta anterior afirmativamente, indique el nombre de la beca y de la Institución o Dependencia que le otorgo el apoyo económico: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Nombre y firma del aspirante:** |  |
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