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| LOGO SIG.png | **UNIVERSIDAD DE CALDAS** | |
| **FORMATO PARA EL REGISTRO DE ESTUDIANTES ESPECIALES** | |
| **CODIGO: R-2656-I-PR-770** | **VERSION:1** |

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| **DATOS PERSONALES** |

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| *Nombres* | | | | *Primer apellido* | | | | | | | | *Segundo apellido* | | | | | |
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| *Fecha de nacimiento* | *Género* | | | | | *Tipo de documento* | | | | | | | | | | | *Núm. documento* |
| DD/MM/AAAA | F |  | M | |  | Pasaporte | |  | TI |  | | | CC |  | CE |  |  |
| *Fecha de Expedición del Documento* | | | | | | | *Teléfono fijo* | | | | *Núm.celular* | | | | | | *País/origen* |
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| *E-mail* | | | | | | | *País de residencia* | | | | *Ciudad y Dirección de residencia* | | | | | | |
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| *Nombre del Programa* | | | | | | *Tipo de programa (Marque con una X)* | | | | | | | | | | | |
|  | | | | | | Pregrado | |  | | | | | Posgrado | | |  | |

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| **ASIGNATURAS QUE DESEA CURSAR EN LA UNIVERSIDAD DE CALDAS** |

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| Código  Materia | Actividad académica | Departamento en el cual se oferta | Fecha de inicio | Créditos | Grupo | Firma aval  Autorización cupo |
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| *Firma del solicitante* |  |