**UNIVERSIDAD AUTÓNOMA DE BAJA CALIFORNIA**

# INSTITUTO DE INVESTIGACIONES EN CIENCIAS VETERINARIAS

**FORMATO DE PRE REINSCRIPCIÓN**

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| Fecha: | | | | | | Período a reinscribir: | | | | |
| TUTOR: | | | | | | | | | | |
| Alumno: | | | | Matrícula: | | | | Promedio: | | Semestre: |
| Servicio Social | 1ª etapa ( ) Horas ( ) | | | | | | 2ª etapa ( ) Horas ( ) | | | |
| Idioma extranjero: | | | Actividad cultural: | | | | | | Deporte: | |
| Edad: | | Estado Civil: | | | | | Cantidad de dependientes: | | | |
| Dirección: | | | | | | | | | | |
| ¿Trabajas?: Sí ( ) No ( ) | | | En relación con MVZ: Sí ( ) No ( ) No aplica ( ) | | | | | | | |
| e-mail de UABC: | | | | | e-mail alternativo: | | | | | |
| Teléfono de casa: | | | | | Teléfono portátil: | | | | | |

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**P O S I B L E S R E C O N V E N I D A S**

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| **O B L I G A T O R I A S Y O P T A T I V A S** | | | | | | | | |
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El horario se anexa al formato, únicamente para facilitar su visualización al alumno.

**FIRMA DEL ALUMNO FIRMA DEL TUTOR**

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| Observaciones del Tutor: |