**SOLICITA:**

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 **Director(a) de la Escuela de Educación Superior Pedagógica Púbica “LA INMACULADA”:**

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**DATOS DEL USUARIO:**

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| **APELLIDO PATERNO** | **APELLIDO MATERNO** | **NOMBRES** |
|  |  |
|  **DNI.** | **NRO. CELULAR** |

**DATOS DEL ESTUDIANTE:**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **PROGRAMA** | **ESPECIALIDAD** | **CICLO/SEMESTRE** | **N° MATRÍCULA** |
|  |  |  |  |
| **DIRECCIÓN** | **DISTRITO** | **PROVINCIA** | **NRO. CELULAR** |

**FUNDAMENTO DEL PEDIDO:**

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**DOCUMENTOS QUE ADJUNTA:**

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 **FIRMA DDEL USUARIO**

 DNI. N°………………….

 Correo:……………………………