**DATOS PERSONALES**

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CÉDULA No.  | DE: |
| PRIMER APELLIDO: | SEGUNDO APELLIDO: |
| PRIMER NOMBRE: | SEGUNDO NOMBRE: |
| GÉNERO: F\_\_\_\_\_ M\_\_\_\_\_\_\_\_ | ESTADO CIVIL: |
| FECHA DE NACIMIENTO: Día\_\_\_\_\_ Mes\_\_\_\_\_\_ Año\_\_\_\_\_ | NACIONALIDAD: |
| DIRECCION RESIDENCIA: | TELÉFONO RESIDENCIA: |
| ENTIDAD DONDE LABORA: | CARGO: |
| TELÉFONO OFICINA: | TELÉFONO CELULAR: |
| E-MAIL INSTITUCIONAL:

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E-MAIL 2:

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**B. TIPO DE ESTUDIANTE**

**DOCENTE UNIVERSIDAD LIBRE:**

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| **DOCENTE DEL COLEGIO: \_\_\_\_** | **DOCENTE PREGRADO:\_\_\_\_** | **DOCENTE POSTGRADO:\_\_\_\_** |
| FACULTAD:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PROGRAMA/ÁREA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ASIGNATURA(S**)** QUE ORIENTA EN LA UNIVERSIDAD LIBRE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ¿EGRESADO DE QUE UNIVERSIDAD? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CLASE DE CONTRATO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 **OTRO:**

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| **EGRESADO UNIVERSIDAD LIBRE** | FACULTAD | PROGRAMA |
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| **MONITOR UNIV. LIBRE****ESTUDIANTE UNIV. LIBRE** | FACULTAD | PROGRAMA |
| AÑO/ SEMESTRE | CÓDIGO |
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| **SEMILLERO DE INVESTIGACIÓN UNIVERSIDAD LIBRE**  | FACULTAD | PROGRAMA |
| AÑO/ SEMESTRE | CÓDIGO |
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| **ADMINISTRATIVO DE LA UNIVERSIDAD LIBRE:\_\_\_\_\_\_\_\_** | **DIRECTIVO DE LA UNIVERSIDAD LIBRE: \_\_\_\_\_\_\_** | **OTRO UNIVERSIDAD LIBRE: \_\_\_\_\_\_\_** |
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| **EGRESADO DE OTRA UNIVERSIDAD** | ¿CUÁL? | FACULTAD |
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**DIPLOMADO A REALIZAR: (MODALIDAD: Presenciales Asistidos por Tecnología)**

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| **DOCENCIA UNIVERSITARIA:** Martes y Jueves de 6 a 8:30 p.m. \_\_\_\_\_\_\_\_\_Miércoles y Viernes de 6 a 8:30 p.m. \_\_\_\_\_\_\_\_\_\_ |
| **DOCENCIA UNIVERSITARIA DEL DERECHO:** Martes y Jueves de 6 a 8:30 p.m. \_\_\_\_\_\_\_\_\_ Sábados de 8 a.m. a 4 p.m. \_\_\_\_\_\_\_\_\_\_ |

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| ANEXOS: Fotocopia Cédula Tarjeta Profesional l y/o Acta de Grado Otro Cual? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Recibo de Consignación No. | FECHA | VALOR |