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Dirección de Registro

**CAMBIO DE CARRRERA**

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| **Matrícula** | **Apellidos** | **Nombre** |
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| --- | --- |
| **Teléfono** | **Cédula** |
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**Solicito el cambio de la carrera de:**

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**A**

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**Pensum**

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**Motivo del cambio\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**A los \_\_\_\_\_\_ días del mes de \_\_\_\_\_\_\_\_\_\_\_\_\_\_ del año \_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dirección Depto. Orientación Dirección de la carrera que Ingresa**

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**Sello y Firma de Tesorería (RD $700.00)**