**MAESTRÍA EN ANÁLISIS REGIONAL**

**CONVOCATORIA 2020**

**I. DATOS GENERALES**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Nombre: | |  | | | | | | | | | | | | | | | | | |
| *Apellido paterno* | | | | | | | | | *Apellido materno* | | | | | | *Nombre (s)* | | |
| Sexo: |  | | | Edad: | | |  | Nacionalidad: | | | | |  | | Estado civil: | | | |  |
| Fecha de nacimiento (dd/mm/aaaa): | | | | | | | | |  | | | | | CURP (mexicanos): | | | |  | |
| Número de Pasaporte (extranjeros): | | | | | | | | | |  | | | | | | | | | |
| Lugar de nacimiento: | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Domicilio particular: | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Tel. / Cel. | | |  | | | | | | | | | Correo electrónico: | | | |  | | | |

**II. DATOS ACADÉMICOS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Grado académico: | | |  | | | | | | | | | | | | | | |
| Institución: |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Periodo de estudio | | Inicio: | | |  | | | | | Término: | | | |  | Promedio: |  |
| Título registrado | | | Sí | ( |  | | ) | No | ( | |  | ) |
| No. de cédula profesional (mexicanos): | | | | | |  | | | | | | | | | | |

**III. INFORMACIÓN ACADÉMICA**

OTROS IDIOMAS

|  |  |  |
| --- | --- | --- |
| Habla % | Escribe % | Lee % |
|  |  |  |
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|  |  |  |
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**IV. DATOS LABORALES**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Centro de trabajo: | | |  | | | | | |
|  | | | | | | | | |
| Puesto que desempeña: | | | |  | | | | |
| Dirección: |  | | | | | | | |
|  | | | | | | | | |
| Tel. Oficina: | |  | | | Ext. |  | Correo electrónico: |  | |

**V. ESPECIALIDAD ELEGIDA DE LA MAESTRÍA EN ANÁLISIS REGIONAL**

(Dos opciones)

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| --- | --- | --- |
| 1ª. |  | |
| 2ª. |  | |
| Algo más que desee agregar | |  |
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| Tlaxcala de Xicohténcatl; a |  | de |  | de 20 |  |

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Nombre y firma del o (la) solicitante