**SOLICITUD DE INGRESO AL PROGRAMA DE MAESTRÍA EN CIENCIAS BIOLÓGICO AGROPECUARIAS**

Foto

**DATOS GENERALES DEL ASPIRANTE**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | |  | | |  | | | |
| Nombre (s) | | | | | Apellido paterno | | | Apellido materno | | | |
| Edad |  | | Fecha de nacimiento | | |  | | |  | |  | |
|  |  | | Dia | | | Mes | | Año | |
|  | |  | | | | |  | | |  | | |
| CURP | |  | | | | | RFC | | |  | | |
|  | | | | |  | | |  | | |
| Lugar de nacimiento: Estado | | | |  | | | Localidad | | |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Estado civil |  | | Vive con: | Padres ( ) | Hogar Propio ( ) | Parientes ( ) |
| Otro: (especifique) | |  | | | | |

**DOMICILIO DEL ASPIRANTE**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Estado | | |  | | Municipio |  | |
| Colonia |  | | | | Calle |  | |
| No. Ext |  | | | | No. Interior |  | |
| Teléfono casa | |  | | | Teléfono cel. | |  |
| Correo electrónico | | | |  | | | |

**ANTECEDENTES ACADÉMICOS**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Nombre de la licenciatura cursada | | | | |  | | | | | |
| Promedio obtenido | |  | | | | | | | | |
| Nombre de la institución donde la cursó | | | | | | |  | | | |
| Fecha de egreso |  | |  |  | | | Fecha de obtención de la licenciatura |  |  |  |
| Día | | Mes | Año | | | Día | Mes | Año |
| Título de la tesis (o forma de titulación | | | | | |  | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Veranos de investigación y/o Estancias | | **Si** | **( )** | **No** | **( )** | **Cuantos** | **( )** |
| Otros datos académicos: |  | | | | | | |
|  | | | | | | | |
|  | | | | | | | |

**DATOS LABORALES**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ¿Cuenta con algún empleo? | | | | | Si ( ) | No ( ) | | | | | |
| Sector: | | Privado ( ) | | | Público ( ) | Autoempleo ( ) | | | | | |
| Lugar de trabajo | | |  | | | | Años trabajando | | |  | |
| Domicilio |  | | | | | | | C.P. | | |  |
| Ciudad |  | | | | | | Estado | |  | | |
| Actividad que desempeña | | | |  | | | | | Puesto | |  |

**DATOS DE UN FAMILIAR EN CASO DE ACCIDENTE**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | |  | | | | |  | |
| Nombre (s) | | | | Apellido paterno | | | | | Apellido materno | |
| Parentesco | |  | | | | | | | | | |
| Domicilio calle | |  | | | Colonia | |  | | | | |
| No. |  | Ciudad |  | | C.P. |  | | Teléfono | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Fecha** |  | **Firma** |  |