

**Foto**

**Solicitud de Registro de Aspirantes de Nuevo Ingreso**

**a los diferentes Programas Educativos**

**Julio-diciembre 2025**

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| **Nombre:** |  | | |  |  | | | | | |  |  | |
|  | Apellido Paterno | | |  | Apellido Materno | | | | | |  | Nombre (s) | |
|  | | | | | | | | | | | | | |
| **Domicilio:** |  | | | | | |  | |  | |  |  | |
|  | Calle | | | | | |  | | Número | |  | Colonia | |
|  | |  |  | | | | | | | |  |  | |
| Municipio/Delegación | |  | Estado | | | | | | | |  | Código Postal | |
|  | | | | | | | | | | | | | |
| **Tel. casa:** |  | **Tel. celular:** | | | |  | | | | **Tel. de contacto:** | | |  |
|  | | | | | | | | | | | | | |
| **E-mail:** |  | | | | | | |  | | | | | |
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| **¿Trabaja?** | | **Si** |  | **No** |  | (Marcar con una X) | | | | |
|  | | | | | | | | | | |
| **Si su respuesta es afirmativa, favor de anotar la siguiente información:** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Lugar de trabajo:** | | |  | | | | | | | |
|  | | |  | | | | |  | |  |
| **E-mail:** |  | | | | | | **Horario laboral:** | |  | |
|  |  | | | | | |  | |  | |

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| **Último grado de estudios:** |  |

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| **¿Cómo se enteró de la carrera?:** |  |

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| **¿Ha presentado antes el examen de admisión para esta Licenciatura?** | **Si** | **(** **)** | **No** | **(** **)** | **Año:** |  |

|  |  |  |  |  |  |
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| **Campus Aeropuerto,** |  | **de** |  | **de** |  |

Hago constar que los datos escritos en esta solicitud son verídicos.

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| **Firma del/la aspirante** |