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| **SOLICITUD DE INSCRIPCIÓN Año Lectivo 2019** | Nº: |  |
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| **EDUCACIÓN SUPERIOR** | A LLENAR POR EL ESTABLECIMIENTO |  |  |
|  |  |  |
| **CARRERA:** |  |  |  |
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**DATOS DEL ALUMNO**



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| Tipo de Documento | | | | | | |  |  |  | Nº | | |  |  |  |  |  | Estado Civil | | | | |  |  |  | | |  |  |  |  |  |  |  |  |  |  |  |  |
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| Apellido/s | | |  | |  |  |  |  |  |  |  |  |  |  |  | Nombre/s | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Sexo |  | | | | Fecha de Nac. | | | | | |  | | | |  | Loc. de Nac. | | | |  |  |  |  |  |  |  |  |  |  | País de Nac. | | | |  |  |  |  |  |  |
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| **DOMICILIO** Calle | | | | | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Nº |  |  |  |  | Piso |  |  |  | Dpto | |  |  |  |
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| Provincia | |  |  |  |  |  |  |  |  |  | Distrito | | |  |  |  |  |  | Localidad | | |  |  |  |  | | |  |  |  | Código Postal | | | | |  | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |  |  |  |  | |  |  |
| Teléfono fijo | | | |  |  |  |  |  |  |  |  |  | Celular | |  |  |  |  |  |  | Correo Electrónico | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |
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| **FORMACIÓN** | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Título Secundario SÍ | | | | | | | | NO | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |



 En caso de contestar NO ¿Cuántas materias adeuda?



¿Cuáles?



 En caso de contestar SÍ

Título



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| Orientación | |  |  |  |  |  |  |  |  |  |  | Otorgado por | | |  |  |  |  |  |  |  |  |
| Año de Egreso | | | | |  |  |  | Promedio |  |  |  |  |  |  |  | Título en Trámite SÍ | | | NO |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Mayor título obtenido | | | | | | |  | Terciario | | | | Universitario | | | | | Postgrado | |  |  |  |  |
| Título |  | | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Otorgado por | | | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Promedio |  |  |
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| INFORMACIÓN COMPLEMENTARIA | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |
| Máximo Nivel educativo del padre | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |
| Nunca asistió | | | | | | Primaria incompleta | | | | | | Primaria completa | | | | |  | Secundaria incompleta | | Secundaria completa | |  |
| Terciario incompleto | | | | | |  | Terciario completo | | | | | Universitario incompleto | | | | | | Universitario completo | | No sabe/No contesta | |  |
| Máximo Nivel educativo de la madre | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |
| Nunca asistió | | | | | | Primaria incompleta | | | | | | Primaria completa | | | | |  | Secundaria incompleta | | Secundaria completa | |  |
| Terciario incompleto | | | | | |  | Terciario completo | | | | | Universitario incompleto | | | | | | Universitario completo | | No sabe/No contesta | |  |



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| Nº de Legajo |  | Nº de Matriz |  | Nº de Folio |  |
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A LLENAR POR EL ESTABLECIMIENTO

**TRAYECTORIA OCUPACIONAL**





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| Trabaja SÍ | NO |  |  |  |  |  |  |  |  |  |
| Educación | Gobierno Sector público | | | Servicio financiero | | Turismo | Sector agropecuario | | Comercio |  |
| Empresa | Servicios | Transporte | |  | Profesional Independiente | | Industria Manufacturera | | Energía |  |
| Salud | Fuerzas armadas / Seguridad | | |  | Otro |  |  |  |  |  |
| Horas de trabajo diarias | | Entre 1 y 3 | |  | Entre 4 y 8 | Más de 8 |  |  |  |  |
| ¿Es pensionado o jubilado? | | SÍ | NO |  |  |  |  |  |  |  |

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| **Si eligió Educación** ¿Trabaja en establecimiento educativo de la Pcia de Buenos Aires? SÍ | | | | | | | NO |
|
|  | **En caso de contestar SI**  Nivel en el que se desempeña: Inicial | | | Primario | Secundario | Terciario | |
|  |
|  |  | **Tipo de gestión** | : | Estatal | Privado |  | |

**SITUACIÓN FAMILIAR**





|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | ¿Vive solo? SÍ | | | | | |  | NO |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | En caso de contestar NO | | | | | | | | Vive con sus padres | | |  | Con su cónyuge o conviviente | | | |  |  | Con hijos | | | | | | | Otros |  |  |
|  |  |  |  |  |  |  |  |
|  | ¿Tiene familiares a cargo? SÍ | | | | | | | | | | NO |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | En caso de contestar SÍ | | | | | | | | Padres |  | Hijos |  | Otros |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **CONDICIÓN FRENTE A BECAS O PROGRAMAS** | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Posee Beca o plan o programa alguno | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Ninguno | | | | | | Estímulos económicos (INFD) | | | | |  | Becas Bicentenario | | | Pueblos originarios | | |  |  |  |  |  | Progresar | | | | AUH | |  |
|  | Compromiso docente | | | | | | | |  | Programa Envión | | | Argentina trabaja | | | Ellas hacen | | Otro | | | | |  |  |  |  |  |  |  |  |
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|  | **PRÁCTICAS CULTURALES O COTIDIANAS** | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Escucha radio SÍ | | | | | | | NO |  | Mira televisión SÍ | | | NO |  | Asiste a obras de teatro SÍ | | | NO |  |  | Asiste a Museos | | | | | | | SÍ | NO |  |
|  | Asiste a Conciertos | | | | | | | SÍ |  | NO | Asiste a Recitales SÍ | | | | NO | Realiza lecturas frecuentes | | | SÍ | |  |  |  |  |  | NO | |  |  |  |
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|  |  |  |  | Lecturas frecuentes: en caso de contestar SÍ | | | | | | | | | | Diarios | | Revistas | Libros | |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  | Lecturas especializadas relacionadas con su profesión/ocupación | | | | | | | | | | | | | | |  |  |
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|  | Otras prácticas culturales | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ¿Usa internet? | | | | | | | SÍ |  | NO | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | En caso de contestar SÍ. Desde donde accede a internet | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | Hogar | | | | Lugar de trabajo | | | | | Ámbito educativo | | | | Celular |  | Cyber |  | Otro | | | | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | ¿Utiliza redes sociales? | | | | | | | |  | SÍ | NO |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | En caso de contestar SÍ. | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  | Facebook | | | |  | Twitter | | | Linkedin | |  | Instagram | | Snapchat | | Otra |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Páginas o sitios que más frecuenta | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Correo electrónico | | | | | | |  | Buscadores | | | Reservorios de información | | | | | Diarios y revistas | | | |  |  |  |  |  |  | Portal ABC | |  |  |
|  | Otros | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Participaciones | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Ha integrado el Consejo Académico Institucional | | | | | | | | | | | |  | Integra actualmente el Consejo Académico Institucional | | | | | | | | | | | | | |  |  |  |
|  | Formó parte del Centro de Estudiantes | | | | | | | | | | |  |  | Forma parte actualmente del Centro de Estudiantes | | | | | | | | | | | | | |  |  |  |



Condiciones para la reinscripción (Régimen Académico Marco 4043/09 y comunicación N°32/10)

* Ser alumno regular (acreditar al menos una unidad curricular por año calendario, renovar la inscripción como estudiante, cumplir el porcentaje de asistencia requerido en las cursadas).
* Inscripción en cada unidad curricular de acuerdo al régimen de correlatividades.
* Indicar año, unidad curricular, condición regular o libre, turno y carrera
* La inscripción en Condición de estudiante libre podrá realizarse hasta un 30% de las unidades curriculares por año en el diseño curricular.
* El estudiante podrá inscribirse para recursar unidades curriculares las veces que así lo requiera.

**FICHA DE SALUD - EN CASO DE EMERGENCIA** CONFIDENCIALIDAD - NO PARA DATOS ESTADÍSTICOS

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| Posee Obra Social o prepaga SÍ | | | | | | NO | |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | En caso de contestar SÍ. Indicar cuál | | | |  |  |  |  |  |  |  |  |  |  |  |  |
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| Realiza tratamiento médico SÍ | | | | | | NO | |  |  | Es crónico | | Es eventual | | | | |  |  |
|  |  |  | En caso de contestar SÍ. Indicar cuál/es | | | | |  |  |  |  |  |  |  |  |  |  |  |
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| Toma alguna medicación SÍ | | | | | | NO | |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | En caso de contestar SÍ. Indicar cuál/es | | | | |  |  |  |  |  |  |  |  |  |  |  |
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|  | Posee algún tipo de Discapacidad | | | | | SÍ | | NO | |  |  |  |  |  |  |  |  |  |
|  |  |  | En caso de contestar SÍ. Indicar cuál/es | | | | |  |  |  |  |  |  |  |  |  |  |  |
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| Permanente | | | | Transitoria | | Certificado | | | | SÍ | NO |  |  |  |  |  |  |  |
| En caso de emergencia llamar a: | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Apellido y nombre | | | |  |  |  |  |  |  |  |  |  | Teléfono de contacto |  |  |  |  |  |
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