**UNIVERSIDAD DE CONCEPCIÓN**

**FACULTAD DE CIENCIAS VETERINARIAS**

**SECRETARÍA ACADÉMICA**

**SOLICITUD DE CONVALIDACIÓN DE ASIGNATURAS**

Nombre Alumno: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Matrícula Nº: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email y Teléfono \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimado (A) Alumno (a)

**Inscriba sólo las asignaturas que no presenten inconvenientes.**

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| *Asignatura* | *nota* | *Convalidar por* | *Código* |
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Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Firma alumno: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Autorizado por: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firma: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_