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| **DATOS PERSONALES:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Apellido paterno | | | | | | | | | | | | | | | | | Apellido materno | | | | | | | | | | | | | | | | Nombre (s) | | | | | | | | | | | | | | | | | | |
| Fecha de nacimiento (dd/mm/aa) | | | | | | | | | | |  | | | | | | | Género | | | | Masculino  Femenino | | | | | | | | | Estado civil | | | | | | | |  | | | | | | | | | | | | |
| Correo electronico | | | | | | |  | | | | | | | | | | | | | | | | Teléfono de casa (clave lada) | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Teléfono celular (clave lada) | | | | | | |  | | | | | | | | | | | | | | | | CURP | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| No. de seguridad social  (IMSS / ISSSTE / Seguro Popular) | | | | | | | | | | | | |  | | | | | | | | | | | | Institución aseguradora | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **LUGAR DE RESIDENCIA:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Calle y No. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Colonia | | | | | |  | | | | | | | | | | | | |
| C.P. |  | | | | | | | | Delegación o Municipio | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Ciudad | | |  | | | |
| Estado | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DATOS DE LA MOVILIDAD:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Institución de procedencia: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Nivel que cursa: | | | | | | | Licenciatura  Maestría  Doctorado | |
| Escuela o Facultad: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Campus: | | | | | | | |  | | | | | | | | | |
| Carrera: | |  | | | | | | | | | | | | | | | | | | | | | | | | No. de Estudiante: | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Total de semestres de la carrera: | | | | | | | | | | | | | | |  | | | | | | | | | | | | Semestre actual que cursa: | | | | | | | | | | | | | | | | | | |  | | | | | |
| Total de créditos de la carrera : | | | | | | | | | | | | | |  | | | | | | Porcentaje de avance en crédtios: | | | | | | | | | | | | | | | | |  | | | | | | | | Promedio general: | | | | | |  |
| Institución destino: | | | | | | **Universidad Nacional Autónoma de México** | | | | | | | | | | | | | | | | | | | | | | Escuela o Facultad solicitada: | | | | | | | | | | | | |  | | | | | | | | | | |
| Carrera o Posgrado solicitado: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Campus: | |  | | |
| ¿Participa por algún tipo de beca? (CUMEX, Santander Nacional, etc.): Si    No  Especifíque: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Completar en caso de estancia de investigación:*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Título del proyecto: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombre del Tutor: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | E-mail del tutor | | | | | | | | | | |  | | | | | | | | | | | |
| **EN CASO DE EMERGENCIA:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombre de la persona a contactar: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | Parentesco: | | | | | | | | | |  | | | | | | |
| Teléfono (clave lada): | | | | | | | | | |  | | | | | | | | | | | | | | E-mail: | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Dirección: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| DECLARO QUE LA INFORMACIÓN PROPORCIONADA ES VERAZ | | | |
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| Nombre y firma del SOLICITANTE | |  | Nombre y firma del RESPONSABLE DE MOVILIDAD |
|  |  | | |
| Lugar y fecha: |  | | |