**Carácter de la movilidad**

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| Movilidad: | Entrante |  | Saliente |  |

**Identificación de solicitante**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Nombre solicitante | |  | | | | | |
| Documento identidad | | | T.I ☐ C.C ☐ C.E☐ PS ☐ | | Número | |  |
| Nombre institución | | |  | | | | |
| Facultad | | |  | | | | |
| Programa académico | | |  | | | | |
| País |  | | | Ciudad | |  | |

**Solicitud académica-Homologación de asignaturas**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Programa de movilidad | | Intercambio académico | |  | Doble titulación | | |  | Práctica profesional |  |
| Curso corto | |  | Pasantía | | |  | Rotación asistencial |  |
| Voluntariado | |  | Otro, ¿Cual? | | | | | |
| Nombre institución | | |  | | | | | | | |
| Facultad | | |  | | | | | | | |
| Programa académico | | |  | | | | | | | |
| Periodo movilidad | | |  | | | | | | | |
| País |  | | | | | Ciudad |  | | | |

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| **CÓDIGO** | **NOMBRE ASIGNATURA UAN** | **CODIGO** | **NOMBRE ASIGNATURA INSTITUCIÓN DE DESTINO / ORIGEN** |
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| **Firma y sello responsable académico** | **Nombre y Firma del estudiante** |
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