**OBJETIVO**

Verificar las características socioeconómicas de los estudiantes que solicitan reliquidación del valor de la matrícula de la Universidad Francisco de Paula Santander.

**A. DATOS DE IDENTIFICACIÓN**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INFORMACION DEL ESTUDIANTE** | | | | | | | | | | | | | | | | | | | | | | | |
| Nombre y Apellidos | | | | |  | | | | | | | | | | | | | | | | | | |
| N° Documento de Identidad | | | | |  | | | | | | | | Carrera | |  | | | | | | | | |
| Código |  | | | | | | Dirección | | | |  | | | | | | | | | Barrio |  | | |
| Teléfono Fijo | | | | | | |  | | | Celular | | | | | | |  | | | | | | |
| E-mail |  | | | | | | | | | | | | | | | | Valor Matricula | | | | |  | |
| Estrato socioeconómico | | | | | | |  | | | % Matricula | | | | | | | |  | | | | | |
| Institución que le otorgó el título de bachiller | | | | | | | | | | | | | |  | | | | | | | | | |
| Privado | |  | Público | | | | x | | Año de titulación | | | | | | x | | | | Comuna | | | |  |
| Trabaja | | si |  | No | |  | | Empresa \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ingresos \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| **Tipo de seguridad social** | | | | | | | contributivo | | | | |  | subsidiado |  | | EPS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |

**B. GRUPO FAMILIAR:** Caracterización de los integrantes del grupo familiar.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Composición familiar** | | | | | | **Edad** | **Género** | | |  | | **Parentesco[[1]](#footnote-1)** | | **Tipo de familia[[2]](#footnote-2)** | | **Estado civil[[3]](#footnote-3)** | **Actividad actual[[4]](#footnote-4)** | |
| **No** | **Apellidos** | **Nombres** | | | | **M** | | **F** |  | |
| **1.** |  |  | | | |  |  | |  |  | |  | |  | |  |  | |
| **2.** |  |  | | | |  |  | |  |  | |  | |  | |  |  | |
| **3.** |  |  | | | |  |  | |  |  | |  | |  | |  |  | |
| **4.** |  |  | | | |  |  | |  |  | |  | |  | |  |  | |
| **5.** |  |  | | | |  |  | |  |  | |  | |  | |  |  | |
| **6.** |  |  | | | |  |  | |  |  | |  | |  | |  |  | |
| **7.** |  |  | | | |  |  | |  |  | |  | |  | |  |  | |
| **¿Quién sostiene económicamente su familia?** | | | **Padres** |  | **Padre** | | |  | **Madre** | |  | | **El estudiante** | |  | **Otro familiar** | |  |
| **¿**Quién **costea los estudios del estudiante?** | | | **Padres** |  | **Padre** | | |  | **Madre** | |  | | **El estudiante** | |  | **Otro familiar** | |  |
| **Relaciones familiares** | | | **Unidos** |  | **Distantes** | | |  | **Conflictivas** | |  | | **Dependiente** | |  | **No existe** | |  |

**C. DATOS DE LA VIVIENDA:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **VIVIENDA** | | | | | | | | | | | | |
| **1)Tipo de vivienda :** | Casa |  | Casa Lote |  | Apartamento | | |  | Inquilinato |  | Habitación |  |
| **2)Tenencia de la vivienda** | Propia |  | Arriendo |  | Otro familiar | | |  | Invasión |  | otro |  |
| **3)Zona de ubicación** | Urbana |  | Semiurbana | |  | Rural | **4) Número personas que habitan la vivienda** | | | | |  |
| Observación: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |

**D. ASPECTOS SOCIOECONÓMICOS:**

|  |  |  |  |
| --- | --- | --- | --- |
| **INGRESOS** | | **EGRESOS** | |
| **TOTAL**  **( Ingresos de la familia)** | **Aporte ($)** | **TOTAL**  **(Egresos de la familia)** | **Valor ($)** |
| **Nombre** | **Concepto** |
|  |  | **Vivienda** |  |
|  |  | **Alimentación** |  |
|  |  | **Servicios** |  |
|  |  | **Transporte** |  |
|  |  | **Estudios** |  |
|  |  | **Otros** |  |
| **Propiedades:** | |  | |

**E. CONCEPTO SOCIAL:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Amerita reliquidación:** | **SI** |  | **NO** |  | **Porcentaje a cancelar** |  | **Semestre** |  | **Año** |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROFESIONAL QUIEN REALIZA LA VISITA RESPONSABLE QUIEN ATIENDE LA VISITA**

**Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**V. B. Jefe División Servicios Asistenciales y de Salud V. B. Vicerrectora Administrativa**

\* La persona que firma este formato, debe ser mayor de edad y responsable de la información suministrada, en caso de que la información no sea verídica o no se pueda comprobar, el beneficio de reliquidación del valor de la matrícula académica no será suministrado

1. Parentesco: **M** madre, **P** padre, **H** hermano(a), **T** tío(a), **A** abuelo(a), **MD** madrastra, **PD** padrastro y **PR** primo(a). [↑](#footnote-ref-1)
2. Tipo de familia: **U** unipersonal **N** nuclear, **M** monoparental, **E** extensa y **R** recompuesta. [↑](#footnote-ref-2)
3. Estado civil: **UN** unión libre, **CA** casado(a), **VI** viudo(a), **SE** separado(a), **SO** soltero(a) y **NS** no sabe/no responde. [↑](#footnote-ref-3)
4. Actividad actual: **TF** trabajador formal, **TI** trabajador informal, **AC** amo(a) de casa, **E** estudiante, **D** desempleado(a) y **JP** jubilado(a)/pensionado(a). [↑](#footnote-ref-4)