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| **TIPO DE RESOLUCION** | | | | **Programa Académico: Articulación Especialización ( )**  **Articulación Maestría ( )** | | | | | | |
| **DATOS DEL SOLICITANTE** | | | | | | | | | | |
| Nombre y Apellidos |  | | | | | Código Asignado | | | |  |
| Documento de Identidad | |  | | | | | Expedido en |  | | |
| Correo electrónico |  | | | | | | No. de Contacto | |  | |
| Programa de Procedencia | | |  | | | | | | | |
| Programa Posgrados Solicitado | | | | |  | | | | | |
| Curso de Profundización | | |  | | | | | | | |
| **SOPORTES DEL ESTUDIO DE HOMOLOGACION** | | | | | | | | | | |
| Reporte de Notas Curso de Profundización – Programa de Pregrado | | | | | | | | | | |
| **DECISIONES ACADEMICAS** | | | | | | | | | | |
| Acuerdo 024 de 2017 del Consejo Académico | | | | | | | | | | |
| **OBSERVACIONES:** (Espacio para argumentar la homologación si es necesario) | | | | | | | | | | |

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| **ESTUDIO DE HOMOLOGACION** |

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| **Asignaturas Cursadas** | | | | **Asignaturas Reconocidas** | | | | |
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| Asignatura | H | C | Nota | Código | Asignatura | H | C | Nota |
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Nombre y Apellidos

Director de Plan de Estudios de Postgrado