### *SOLICITUD DE CERTIFICACIÓN ACADÉMICA PERSONAL*

**CURSO ACADÉMICO**

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| D./DÑA.: | |  | | | | | | | | D.N.I./PASAPORTE: | | | |  |
| DOMICILIO: | | |  | | | | | | | NÚMERO: | |  | | |
| D.P.: |  | | | | | LOCALIDAD: |  | | | | PROVINCIA: | |  | |
| TFNO./MÓVIL: | | | | |  | | | e-mail: |  | | | | | |
| TITULACIÓN: | | | |  | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- |
| MATRICULADO EN EL PRESENTE CURSO ACADÉMICO: | SI |  | NO |  |  |
| HA FINALIZADO LOS ESTUDIOS DE LA CITADA TITULACIÓN: | SI |  | NO |  |  |

##### **EXPONE**

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##### **SOLICITA**

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| A Vd. que por la Secretaría de la Escuela se le expida el documento que solicita. |

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| SRA. DIRECTORA DE LA E.T.S. DE INGENIERÍA INFORMÁTICA | En Sevilla, a |  | de |  | de |  |

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|  | Firma del interesado/a o persona autorizada |