**FICHA DE AUTORIZACIÓN DE MATRÍCULA ESPECIAL**

**SEMESTRE ACADÉMICO 2024-I**

**Nombres y Apellidos** :

**Escuela Profesional** :

**Número Matrícula SAP** :

**Sede**  : Lima

Filial Norte Chiclayo

Filial Sur Arequipa

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| **CÓDIGO DE ASIGNATURA** | | | | | | | | | | | | **ASIGNATURA** | | | | | **SECCIÓN SAP** | | | **CICLO** | | | **CRÉDITO** | | |
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| **TOTAL DE CRÉDITOS A MATRICULAR** | | | | | | | | | | | | | | | | | | | | | | |  | | |

\* EL FORMATOS NO DEBERÁ TENER BORRONES NI ENMENDADURAS, SINO SERÁ INVALIDADO.

**OBSERVACIONES:**

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|  | **Cruce de horario** |  | **Requisito y Pre requisito** |  | **Ampliación** |  | **Otros** |

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**FIRMA DEL ALUMNO FIRMA CONSEJERO DE MATRÍCULA**

**FIRMA DIRECTOR DE ESCUELA**