



MOD.

SOLICITUD

04

Cambio de grupo

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| ESTUDIANTE: |  | DNI: |  | |
| Domicilio: |  | TLF: |  | |
| Localidad |  | Email: |  | |
| Provincia |  | C.P. : |  | |
|  |  |  | |  | |
| TITULACIÓN: |  | | | |

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| DESIGNACIÓN  ASIGNATURAS | GRUPO ACTUAL | GRUPO DESTINO |
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DOCUMENTACIÓN JUSTIFICATIVA QUE ACOMPAÑA

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| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

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|  |  |  | Cartagena, a  de OCTUBREde 2020 |
|  | | Firma del interesado. | |

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| |  |  | | --- | --- | |  | PROCEDE | |  | NO PROCEDE. Motivación: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   Cartagena a de de 20 ,  Firma del Director: D. Carlos José Parra Costa \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |