



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. |  |
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| 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |