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| **FACULTAD DE CIENCIAS SOCIALES – U.N.C.P.B.A. SOLICITUD DE INSCRIPCIÓN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Taller de Actualización:**  **Comunicación de la ciencia en los medios de comunicación**  **Periodista Matías Loewy** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| DATOS DEL SOLICITANTE | | | | | | | | | | | | | | | | | |
| APELLIDOS: |  | | | | | | | | | | | | | | | | |
| NOMBRES: |  | | | | | | | | | | | | | | | | |
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| DOCUMENTO: TIPO: | | |  | Nº | |  | |  |  |  |  | |  | |  |  | | GRUPO SANGUÍNEO | | | | | | | | | | |
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| NACIONALIDAD: | ARGENTINA | | | |  | | EXTRANJERA | | | | |  | | PAÍS | |  | | | | | | | | | | | | |
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| LUGAR DE NACIMIENTO | |  | | | | | | | | | | | | |  | |  | |  | | |  | | |  | | | |
| DIA MES AÑO | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| LISTAR TITULOS DE GRADO Y POSTGRADO | | | | | | | | | | | |
| Año de Ingreso | | | | | | | | | | | |
| Nombre de la Institución |  | | |  | |  | |  | |  | |
| Año de Egreso | | | | | | | | | | | |
| Título Obtenido |  | | |  | |  | |  | |  | |
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| Promedio de Notas |  | | | | | | | | | | |
| Año de Ingreso | | | | | | | | | | | |
| Nombre de la Institución | |  | | |  | |  | |  | |  |
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| Promedio de Notas | |  | | | | | | | | | |
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| ESTUDIOS DE POSTGRADO EN CURSO | | | | | | | | | | | |
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| Universidad/Instituto Superior | | |  | | | | | | | | |
| Facultad/Departamento | | |  | | | | | | | | |
| Carrera | | |  | | | | | | | | |
| Situación o grado de avance | | |  | | | | | | | | |
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| Correo electrónico personal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |

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| ACTIVIDAD ACTUAL | | | | | | | | | | | | | | | | | | | | | |
| Investigación |  | Docencia | | |  | | Profesional | | | |  | | Otra | | |  | | | | | |
| ¿Desempeña cargos en un organismo de Ciencia y Técnica? | | | | | | | | SI | |  | | | | NO | | |  | |  | | |
| Indique Organismo y Categoría: | | | |  | | | | | | | | | | | | | | | | | |
| Lugar de Trabajo (nombre): | | |  | | | | | | | | | | | | | | | | | | |
| Dirección: | | |  | | | | | | | | | | | | | | | | | | |
| Tel/fax: | | |  | | | | | | | | | | | | | | | | | | |
| Correo electrónico: | | |  | | | | | | | | | | | | | | | | | | |
| Horas semanales dedicadas al trabajo: | | | | | |  | | | | | | | | | | | | | | | |
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| DOMICILIO DE RESIDENCIA HABITUAL | | | | | | | | | | |
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| CALLE |  | | | | | | Nº | |  | |
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| LOCALIDAD | |  | | TEL. | | ( ) | | | | |
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| PARTIDO | |  | PROVINCIA | |  | | | PAIS | |  |

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| Se adjunta (indicar con una X) | | | | |
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| Fotocopia DNI |  |  |  | Copia legalizada de títulos de postgrado (si los tiene) |
|  |  |  |  |  |
| Copia legalizada de título de grado y analítico |  |  |  |  |
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