Lea detenidamente y llene los datos que se solicitan, por favor no dejar ningún campo en blanco.

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| 1. **DATOS PERSONALES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Foto | | | | | | | |
| Nombres y Apellidos | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Primer Apellido | | | | | | | | | | | | | | | | | | | Segundo Apellido | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Nombre(s) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fecha de Nacimiento | | | | | | | | | dd / mm / aaaa | | | | | | | | | | | | | | | | | | | Lugar de Nacimiento: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| N° Identificación | | | | | | | | |  | | | | | | | | | | | | | | | | | | | Sexo | | | | | | | | | Femenino | | | | | | | | | | | | | | |  | | | | | Masculino | | | | | | | | |  | | | | | N° de Hijos | | | | | | | |  | | | |
| Estado Civil | | | | | | | | | Soltero(a) | | | | | | | | | | |  | | | | Casado(a) | | | | | | | | | | | | |  | | | | | | Divorciado(a) | | | | | | | | | | | | | | | | | | | |  | | | | | Unión libre | | | | | | | | | | | | |  | |
| Correo Electrónico | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nacionalidad | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Lugar de Procedencia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 1. **ESTUDIOS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facultad | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Programa Académico | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Área Académica | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Nivel de Programa | | | | | | | | | | | | | Profesional | | | | | | | | | | | | |  | | | | | | Maestría | | | | | | | | | | | | |  | | | | | | Doctorado | | | | | | | | | | | | |  | | | | | | Semestre | | | | | | | |  | | | | | | | | | | | | |
| Nombre Universidad de Origen: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ciudad : | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | País: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 1. **RESIDENCIA ACTUAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dirección postal | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Código postal | | | | | | | | |  | | | | | | | |
| Ciudad | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Departamento | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Teléfono(s) | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | N° de Celular | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 1. **INFORMACIÓN MÉDICA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ¿Cuál es su tipo de sangre? (Grupo RH) | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ¿Tiene alergias? | | | | | | | | | | | | | | | | | | | | | Si | | | |  | | | | No | | | | | |  | | | | ¿Cuáles? | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ¿Padeces alguna enfermedad crónica: epilepsia, diabetes, etc. | | | | | | | | | | | | | | | | | | | | | Si | | | |  | | | | No | | | | | |  | | | | ¿Cuáles? | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ¿Tomas algún medicamento regularmente? | | | | | | | | | | | | | | | | | | | | | Si | | | |  | | | | No | | | | | |  | | | | ¿Cuáles? | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **EN CASO DE EMERGENCIA AVISAR A:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombre y Apellidos | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Parentesco | | | | | | | Madre | | | | | | | |  | | | Padre | | | | | | | | |  | | | | Tutor | | | | | | |  | | | | Otro | | | | | | | |  | | | | Teléfono | | | | | | | | | | |  | | | | | | | | | | | | | | | Celular | | | | |  | | | | | |
| Dirección | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Correo electrónico | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 1. **ANEXOS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ¿Alguna situación que esta oficina deba saber? | | | Sí | | | | | | | | |  | | | | No | | | | | |  | | | | | | | | ¿Cuáles? (Médica, Legal, Fiscal, Académica, Personal, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **MOVILIDAD** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Marque con una X la modalidad de movilidad a realizar: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Virtual | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | Presencial | | | | | | | | | | | | | | | | | | | | |  | | |
| **7.1 Estudiante:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a) Semestre Profesional | | | | | | | | | |  | | | | | | | b) Pasantía de Investigación Pregrado | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | c) Curso Maestría | | | | | | | | | | | | | | | | | |  | | | |
| d) Curso Doctorado | | | |  | | | | | | | | | | e) Pasantía de Investigación Maestría | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | f) Pasantía de Investigación Doctorado | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| **7.2 Docente y/o Investigador:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Seminario y otros | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ofrecimiento de cursos | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Misión académica | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Diligenciar los siguientes datos; según la opción elegida en el cuadro anterior**. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Duración:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Periodo solicitante | | | | | | | | Enero a Julio | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | Agosto a Diciembre | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| 1. **Semestre profesional:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facultad Académica: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Programa: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Escoja las asignaturas a cursar, visite nuestra página web:<http://www.unisucre.edu.co/index.php/sdsds/2011-12-05-04-39-05/pregrado> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Asignatura** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Código** | | | | | | | | | **Créditos** | | | | | |
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| **c) Pasantía de Investigación:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Marque con una X una de las siguientes opciones: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Pregrado | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Maestría | | | | | | | | | | | | | | |  | | | | | Doctorado | | | | | | |  | |
| Área de Investigación: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grupo de investigación: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **d) Curso de Maestría** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombre de la Maestría: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombre del Módulo/Curso: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **e) Curso de Doctorado** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombre del doctorado: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombre del Módulo/Curso: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **f) Conocimiento de lengua oficial (Español):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nivel: | Básico |  | | | Intermedio | | | | | | | | | | | | | |  | | | | Avanzado | | | | | | | | | | | | | | | | |  | | | | | | | Tipo de Certificación: | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| e) Conocimiento de lengua oficial – Español: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nivel: | Básico |  | | | Intermedio | | | | | | | | | | | | | |  | | | | Avanzado | | | | | | | | | | | | | | | | |  | | | | | | | Tipo de Certificación: | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
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| 1. **DOCUMENTOS QUE DEBEN SER ANEXADOS A ESTE FORMULARIO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Certificado de notas (si aplica) * Certificado de matrícula de la universidad de origen (si aplica) * Carta de presentación de la oficina de relaciones internacionales de la universidad de origen * Fotocopia de pasaporte en donde esté la información pertinente o Cédula de Ciudadanía para los nacionales * Una (1) foto 3 x 4 * Seguro médico internacional al momento de entrar a Colombia   Los anteriores documentos junto con el formulario deben ser enviados escaneados al correo: [internacionalizacion@unisucre.edu.co](mailto:internacionalizacion@unisucre.edu.co) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Firma del Estudiante o Docente | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Fecha de la solicitud: dd / mm / aaaa | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Nota:** En caso de haber algún cambio en la información suministrada por usted y para un mejor seguimiento a su solicitud, le agradecemos notificarlo a la Oficina de Posgrado, Educación Continuada y Relaciones Internacionales de la Universidad de Sucre.

**Nota 1:** A los estudiantes en modalidad virtual no se les exigirá seguro médico