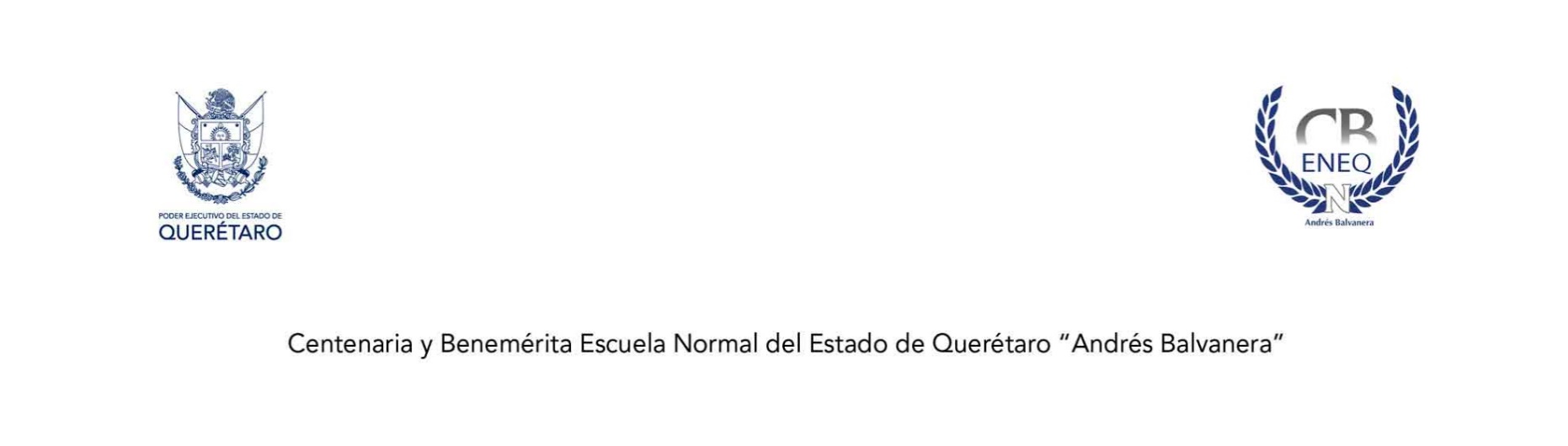
 **FICHA DE ASPIRANTE**



|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **Fecha:** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **Licenciatura:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Educación Preescolar** | | | | | | | | | |  | | **Enseñanza y Aprendizaje de en Educación Secundaria** | | | | | | | | | | | | | | | | | | |
|  | **Educación Primaria** | | | | | | | | | |  | |
|  | **Educación Física** | | | | | | | | | |  | | **Inclusión Educativa** | | | | | | | | | | | | | | | | | | |
| **I. Datos personales.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Nombre:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Domicilio:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **C.P.** |  | | | | | | | **Tel. Particular:** | | | | | |  | | | | **No. Celular:** | | | |  | | | | | | | | | |
| **Lugar de nacimiento:** | | | | | | | |  | | | | | | | | | | | **Fecha de nacimiento:** | | | | | | |  | | | | | |
| **Sexo:** | **Masculino** | | | | | |  | **Femenino** | | | |  | | **Nacionalidad:** | | |  | | | | | | | | | | | | | | |
| **e-mail:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **¿Padece alguna enfermedad?** | | | | | | | | |  | | | | | | | | | | | | **¿En control?** | | | | **Sí** |  | | | **No** | |  |
| **¿Por quién?** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **¿Padece alguna discapacidad?** | | | | | | | | | | **Sí** | |  | | **No** |  | **Especifique:** | | | |  | | | | | | | | | | | |
| **Alergias:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **II. Antecedentes académicos.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **¿Ha estado en otra institución formadora de docentes?** | | | | | | | | | | | | | | | **Sí** |  | | **No** | |  | | | **¿Cuál?** | | |  | | | | | |
| **Bachillerato:** | | | | | |  | | | | | | | | | | | | | | **Periodo** | | | | **Del** |  | | | **al** |  | | |
| **Localidad, municipio, estado:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | **Promedio:** | | |  | |
| **III. Documentación (**Para uso exclusivo de la Coordinación de Servicios Académicos y Profesionales**)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Copia del certificado de bachillerato** | | | | | | | | | | | | | | |  | | | **Copia de Kardex** | | | | | | | | | | | |
|  | | **Carta compromiso** | | | | | | | | | | | | | | |  | | | **Copia de acta de nacimiento** | | | | | | | | | | | |
|  | | **Constancia de sexto semestre** | | | | | | | | | | | | | | |  | | | **Copia de la CURP** | | | | | | | | | | | |

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| --- | --- |
| RECIBE Y REGISTRA  **CONTROL ESCOLAR** | Vo. Bo.  **COORDINADOR DE SERVICIOS ACADÉMICOS Y PROFESIONALES** |