|  |  |
| --- | --- |
|  | FACULTAD DE **ARQUITECTURA Y URBANISMO** |
| SOLICITUD PARA LA OBTENCIÓN DE: **GRADO ACADÉMICO** | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | | | | | | | |  |
|  |  | | |  | | | |  | | | |  |
|  | NOMBRES | | | APELLIDO PATERNO | | | | APELLIDO MATERNO | | | |  |
|  |  | | | | | | | | | | |  |
|  | Solicita al Señor Rector de la Universidad de Chile, le otorgue el **GRADO ACADÉMICO, LICENCIADO(A) EN GEOGRAFÍA**, por cuanto ha completado las exigencias que contempla el plan de estudios y las disposiciones reglamentarias vigentes. | | | | | | | | | | |  |
|  |  | | | | | | | | | | |  |
|  |  | | | | | | | | | | |  |
|  |  | | |  | | | |  | | | |  |
|  |  | | |  | | | | **FIRMA** | | | |  |
|  | **ANTECEDENTES** | | | | |  | | | | | |  |
|  |  | | | | | | | | | | |  |
|  | 1 | Cédula de Identidad : | | |  | | | | |  | |  |
|  | 2 | N° de Matrícula : | | |  | | | | |  | |  |
|  | 3 | Nacionalidad : | | |  | | | | |  | |  |
|  | 4 | Fecha de Nacimiento : | | |  | | | | |  | |  |
|  | 5 | Dirección : | | |  | | | | |  | |  |
|  | 6 | Comuna : | | |  | | | | |  | |  |
|  | 7 | Región : | | |  | | | | |  | |  |
|  | 8 | Provincia : | | |  | | | | |  | |  |
|  | 9 | Teléfono : | | |  | | | | |  | |  |
|  | 10 | Correo : | | |  | | | | |  | |  |
|  |  | | | | | | | | | | |  |
|  |  | | Santiago, | | | |  | |  | |  |  |
|  |  | |  | | | | Día | | Mes | | año |  |
|  |  | |  | | | |  | | | | |  |
|  |  | | | | | | | | | | |  |