**SOLICITUD DE CONTINUACIÓN DE ARTÍCULO 37**

Nombre del estudiante:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Carné:\_\_\_\_\_\_\_\_\_\_\_\_

Número de teléfono:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fecha:\_\_\_\_\_\_\_\_\_\_\_\_\_Semestre:\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Sigla y nombre de cursos** | **Grupo** | **Nombre del Profesor** | **Correo del Profesor** |
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**Observaciones:**

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Firma y Número de cédula

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