

|  |  |
| --- | --- |
| SOLICITO |  |

|  |
| --- |
| Señora: Dra. Gloria Ubillús Arriola, Decana de la Facultad de Medicina Humana |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yo, |  | | | | |
| Alumno(a) de la Facultad de Medicina Humana con código de matrícula N° | | | | |  |
| Domiciliado en: | |  | | | |
| Teléfono: | |  | DNI: |  | |
| Correo electrónico: | |  |  |  | |

|  |
| --- |
| Ante usted con el debido respeto me presento y expongo: |
| Que, |
|  |
|  |
|  |
| Por tal motivo solicito: |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| La Molina, |  | de |  | de 2022. |

|  |
| --- |
|  |
| FIRMA DEL ALUMNO |