**Santa Fe,………… de………………………. de………….**

**UNIVERSIDAD NACIONAL DEL LITORAL**

**SECRETARIA DE POSGRADO**

**----------------------------------------------------**

**FORMULARIO SOLICITUD DE BECA**

|  |  |
| --- | --- |
| **APELLIDO Y NOMBRE:** |  |
| **DNI:** |  |
| **CURSO/CARRERA POSGRADO** |  |
| **CONDICION SOLICITUD DE BECA. (marcar con una cruz):** | |

|  |  |  |  |
| --- | --- | --- | --- |
| **DOCENTE**  **FCM** | **ALUMNO**  **PFO-FCM** | **SOCIO COOPERADORA** | **OTROS** |
|  |  |  |  |

**OBSERVACIONES/COMENTARIOS SOLICITANTE:**

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Firma Solicitante

|  |  |
| --- | --- |
| **SECRETARIA DE POSGRADO - USO EXCLUSIVO** | |
| **BECA AUTORIZADA** |  |
|

**…………………………………………….**

**Firma Autorizante**