**Tecnológico de Estudios Superiores del Oriente del Estado de México**

**Subdirección de Estudios Profesionales**

**Área de Investigación y Posgrado**

**SOLICITUD PARA DE INGRESO**

**FO-POS-08**

1. **Datos del solicitante**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Nombre |  | | | | | | | |  | | |
|  | Apellido paterno Apellido materno | | | | | | | | Nombre(s) | | |
|  | | | | | | | | | | | |
|  |  | |  | |  |  | |  |  | |  |
| Sexo | | |  | | Edad | | |  | Estado civil | | |
|  | | | | | | | | | | | |
| Fecha de nacimiento |  | | |  | | |  |  | |  | |
| Día |  | | Mes | |  | Año |  | | Estado, País de nacimiento | |

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| CURP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| R.F.C. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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|  |  | | | | | | |  | | |
| Domicilio |  | | | | | | |  | | |
|  | Calle No. | | | | | | | Colonia | | |
|  | | | | | | | | | | |
|  | |  |  | | |  |  | |  |  |
| Código postal | |  | Delegación/Municipio | | |  | Estado | |  | País |
|  | | | | | | | | | | |
| Teléfono |  | | |  |  | | |  |  | |
|  | Casa | | |  | Teléfono Móvil | | |  |  | |
| E-mail |  | | | | | | |  | | |
|  |  | | | | | | |  | | |
| Empresa donde trabaja \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | Puesto *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | |

1. **Datos académicos**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Carrera |  | | | | | |  | | Promedio | | |  | |
|  | | | | | | | | | | | | | | |
| Institución de procedencia |  | | | | | |  | | No. de Cédula profesional | | |  | |
|  | | | | | | | | | | | | | | |
| Campo de Conocimiento  de interés dentro del Programa de Maestría | |  |  | Estadística industrial aplicada |  |  | | Optimización | |  |  | | Administración de sistemas integrales de calidad | | |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nombre y Firma**

**Fecha:**