ACADEMIA PROFESIONAL DE HISTOTECNOLOGIA DE PUERTO RICO

PROGRAMAS DE FORMACION PROFESIONAL

# sOLICITUD DE ADMISION

## Información Personal

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Nombre |  |  | | | |  | Fecha |  |  |
|  |  | Primer Apellido | Segundo Apellido | | Nombre |  |  |  |  |
| Dirección |  |  | | | |  | Teléfono |  |  |
|  |  |  | | |  |  |  |  |  |
|  |  |  | | | |  | Email: |  |  |
|  |  | Ciudad | |  | Código Postal |  |  |  |  |

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| Grado |  |  | | |  | No. ID |  |  |  | Fecha de Inicio |  |  |
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| PROGRAMA | | |  |  | | | | | | | | |

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| Transcripción de Créditos | | |  | Si | No |  |  | | |
|  |  |  | | | | | | | |
| Certificado de Antecedentes Penales | | |  | Si | No |  |  | | |
|  |  |  | | | | | | | |
| Experiencia en Laboratorio | | |  | Si | No |  | Donde |  |  |
|  |  |  | | | | | | | |
| Posee Licencia Provisional | | |  | Si | No |  | HtL o HT |  |  |

## Educación

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| Escuela Superior | | |  |  | | | | | | | | |  | Dirección |  |  | | | | | | |
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| Fecha |  |  | | | | |  | A |  |  |  | Se graduó? | | | | | Si | No |  | Diploma: |  |  |
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| Universidad | | |  |  | | | | | | | | |  | Dirección |  |  | | | | | | |
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| Fecha |  |  | | | | |  | A |  |  |  | Se graduó | | | | | Si | No |  | Grado |  |  |
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| Otro | | |  |  | | | | | | | | |  | Dirección |  |  | | | | | | |
|  | | | | |  |  | | | | | | | | | | | | | | | | |
| Fecha |  |  | | | | |  | A |  |  |  | Se graduó? | | | | | Si | No |  | Grado |  |  |

## Referencias

Por favor tres referencias profesionales

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Nombre |  |  | | |  | Posición |  |  |
|  | | |  |  | | | | |
| Compañía |  |  | | |  | Teléfono |  |  |
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| Dirección |  |  | | |  | Email: |  |  |

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| Dirección |  |  | | |  | Email: |  |  |

## Empleo

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| Compañía |  |  | | | | |  | Teléfono |  |  | | | | |
|  | | |  |  | | | | | | | | | | |
| Dirección |  |  | | | | |  | Supervisor: |  |  | | | | |
|  | | |  |  | | | | | | | | | | |
| Posición |  |  | | | | |  | De |  |  |  | A |  |  |
|  | | |  |  | | | | | | | | | | |
| Responsabilidades | | |  |  | | | | | | | | | | |
|  | | |  |  | | | | | | | | | | |
| Podemos contactar a su supervisor ? | | | | |  |  | | Si |  | No | | | | |

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| Compañia |  |  | | | | |  | Supervisor: |  |  | | | | |
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| Posición |  |  | | | | |  | De |  |  |  | A |  |  |
|  | | |  |  | | | | | | | | | | |
| Responsabilidades | | |  |  | | | | | | | | | | |
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| Podemos contactar a su supervisor ? | | | | |  |  | | Si |  | No | | | | |

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| Compañía |  |  | | | | |  | Teléfono |  |  | | | | |
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| Dirección |  |  | | | | |  | Supervisor: |  |  | | | | |
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| Posición |  |  | | | | |  | De |  |  |  | A |  |  |
|  | | |  |  | | | | | | | | | | |
| Responsibilities: | | |  |  | | | | | | | | | | |
|  | | |  |  | | | | | | | | | | |
| Podemos contactar a su supervisor ? | | | | |  |  | | Si |  | No | | | | |

## Servicio Militar

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| Rama |  |  | | | | | | | | |  | De |  |  |  | A |  |  |
|  | | | |  | |  | | | | | | | | | | | | |
| Rango | | |  | |  | | | |  | Tipo de Alta | | |  |  | | | | |
|  | | | |  | |  | | | | | | | | | | | | |
| Algún otro rango honorable | | | | | | |  |  | | | | | | | | | | |

## Descargo de responsabilidad y firma

Certifico que mis respuestas son verdaderas y completas según mi mejor conocimiento

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| Firma |  |  |  | Fecha |  |  |