ACADEMIA PROFESIONAL DE HISTOTECNOLOGIA DE PUERTO RICO

PROGRAMAS DE FORMACION PROFESIONAL

# sOLICITUD DE ADMISION

## Información Personal

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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

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

## Referencias

Por favor tres referencias profesionales

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

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| Nombre |  |  |  | Posición |  |  |
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| Nombre |  |  |  | Posición |  |  |
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| Dirección |  |  |  | Email: |  |  |

## Empleo

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

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| --- | --- | --- | --- | --- | --- | --- |
| Compañía |  |  |  | Teléfono |  |  |
|  |  |  |
| Compañia |  |  |  | Supervisor: |  |  |
|  |  |  |
| Posición |  |  |  | De |  |  |  | A |  |  |
|  |  |  |
| Responsabilidades |  |  |
|  |  |  |
| Podemos contactar a su supervisor ? |  |  | Si [ ]  |  | No [ ]  |

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| Compañía |  |  |  | Teléfono |  |  |
|  |  |  |
| Dirección |  |  |  | Supervisor: |  |  |
|  |  |  |
| 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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Firma |  |  |  | Fecha |  |  |