**RED DE UNIVERSIDADES DE INVESTIGACIÓN Y POSGRADO R.U.I.P**

**MAESTRIA EN TURISMO**

**ESCUELA SUPERIOR POLITÉCNICA AGROPECUARIA DE MANABÍ**

**MANUEL FÉLIX LÓPEZ**

**DIRECCIÓN DE POSGRADO Y FORMACIÓN CONTINUA**

**FICHA DE INSCRIPCIÓN DEL ESTUDIANTE**

**DATOS PERSONALES**

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| APELLIDO PATERNO |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| APELLIDO MATERNO |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| PRIMER NOMBRE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| SEGUNO NOMBRE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

DOCUMENTO DE IDENTIDAD

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| CEDULA |  |  |  |  |  |  |  |  |  |  |
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| PASAPORTE |  |  |  |  |  |  |  |  |  |  |

LUGAR DE NACIMINETO:

PROVINCIA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CANTON \_\_\_\_\_\_\_\_\_\_\_ PAIS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ESTADO CIVIL:

Soltero Casado Viudo Unión Libre Separado

SEXO:

Masculino Femenino

GRUPO ÉTNICO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INFORMACION DE CONTACTO**

DIRECCIÓN DE LA CIUDAD DE ORIGEN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DIRECCIÓN EN ESTA CIUDAD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELÉFONO

CONVENCIONAL: \_\_\_\_\_\_\_\_\_\_\_

CELULAR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL DEL TRABAJO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL PERSONAL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACTO FAMILIAR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TELF:\_\_\_\_\_\_\_\_\_\_ RELACION\_\_\_\_\_\_\_\_

CONTACTO (NO FAMIILIAR) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TELF\_\_\_\_\_\_\_\_\_\_\_ RELACIÓN\_\_\_\_\_\_\_\_\_

OBSERVACIONES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INFORMACION ACADÉMICA**

TÍTULOS DEL ESTUDIANTE:

Pregrado\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Universidad donde lo obtuvo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Posgrado \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Universidad donde lo obtuvo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INFORMACION LABORAL**

LUGAR DE TRABAJO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CARGO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DIRECCIÓN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INFORMACION COMPLEMENTARIA**

ACTIVIDADES DEPORTIVAS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACTIVIDADES CULTURALES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaración Jurada:**

Declaro bajo juramento que la información consignada al inscribirme es verdadera. Los documentos presentados son auténticos y de mi entera responsabilidad. Conozco y acepto todas las disposiciones del Reglamento de Admisión a las cuales me someto. Una vez efectuada la inscripción, no tengo derecho a solicitar la devolución del pago efectuado por este concepto, excepto que la admisión al programa se cancele.

Calceta, \_\_\_\_\_\_\_\_\_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_2016.

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Firma del Postulante