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| **GENERAL INFORMATION OF STUDENT** | | | | | | | | | |
| Student’s complete name | |  | | | | | | | |
| Type of student’s identification  (put an X) | | I.D. |  | | C.C. |  | No. of identification: | |  |
| Academic programme: |  | | | | | | Department: | |  |
| Student’s code: |  | | | E-mail address: | | | |  | |

This course homologation project corresponds to the priorities and necessities of the Programme the student will study at

(name of Institution) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. On return, the approved credits will be recognized.

Hereafter complete with the information corresponding to the courses you wish to have recognized.

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| **AT UNIVERSIDAD PEDAGÓGICA NACIONAL** | | | **AT HOST UNIVERSITY** | | |
| **Code** | **Course** | **Faculty** | **Code** | **Course** | **Faculty** |
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| Student’s signature |  | Signature of Director of Department |
| Student’s name: |  | Name of Director of Department: |
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