**DIRECCIÓN DE EDUCACIÓN SUPERIOR INSTITUTO SUPERIOR DE FORMACIÓN DOCENTE Y TÉCNICA N°124**

A5b

**SOLICITUD DE MATRICULACIÓN**

**ESPECIALIZACION EN SALUD MENTAL CICLO 2025**

Apellidos Nombres DNI

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|  | | Situación Académica | | | | | | Modalidad de cursada | | |
| Año | Espacio curricular | Regularizó | Acreditó | Se inscribe | Cohorte | Atraso académico | Recursante | Presencial | Libre | Observaciones (1) |
| **1** | Gestión Modelos de Atención en Salud Mental |  |  |  |  |  |  |  |  |  |
| Ciclos Vitales y Salud Mental |  |  |  |  |  |  |  |  |  |
| Crisis y Emergencia en Salud Mental, |  |  |  |  |  |  |  |  |  |
| Abordajes actuales del padecimiento Mental |  |  |  |  |  |  |  |  |  |
| Practicas Profesionalizantes |  |  |  |  |  |  |  |  |  |
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(1) Registrar una llamada y explicar detrás.

La presente solicitud tiene carácter de DECLARACIÓN JURADA

Declaro conocer el régimen académico marco y el régimen de correlatividades del plan de estudios de la carrera en la que me estoy matriculando en este acto.

Fecha: Firma:

Aclaración: