CONVOCATORIA DE BECAS PARA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEL SINDICATO DE TRABAJADORES ACADÉMICOS DE LA UNIVERSIDAD DE SONORA (S.T.A.U.S.)

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| Núm. Empleado | | | | | |  | |  | | | |  | |  | | | | | | TA Ind. | | | | |  | Nivel | | | |  | | |
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| Departamento: | | | | |  | | | | | | | | | | | | | | | PA Ind. | | | | |  | Nivel | | | |  | | |
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| División: |  | | | | | | | | | | | | | | | | U.R.C. | | | |  | U.R.N. | | | | |  | | U.R.S. | | |  |
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| Domicilio particular: | | | | | | | | |  | | | | | | | Col. | |  | | | | | | | | | | C.P. | | |  | |
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| Ciudad: |  | | | | | | | | | | | | | | | Estado: | | | |  | | | | | | | | | | | | |
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| Tel. casa: | | (662) | | | | | | | | | Tel. Trabajo: | | (662) | | | | | | Celular: | | | | | (662) | | | | | | | | |
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| Programa de Estudios: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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| Ciudad Sede: | | | |  | | | | | | | | | | | | Estado: | | | |  | | | | | | | | | | | | |
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| Área prioritaria de conocimiento que atienden los estudios a realizar: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
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| Fecha de ingreso al posgrado: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No. de semestres: \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Exposición de motivos para realizar los estudios de posgrado: | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
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De verme beneficid ( ) con el apoyo asumiré el compromiso y me haré responsable de las consecuencias que se deriven del incumplimiento del contrato que se celebre entre quien suscribe y la Universidad de Sonora. Así mismo, aceptaré que se proceda con las sanciones establecidas en el *Reglamento General de Becas para Estudios de Posgrado y Estancias de Investigación del Personal Académicos* de la Universidad de Sonora.

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|  | Nombre y Firma |  |

Imprimir por ambas caras