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| SOLICITO: |  |

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| Señor doctor Iván Martin Vojvodic Hernández Decano de la Facultad de Medicina Humana |

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| Yo, |  | | | |
| Estudiante de la Facultad de Medicina Humana con N° DNI/matrícula: | | | |  |
| Domiciliado en: | | |  | |
| Celular: | |  | | |

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| Ante usted con el debido respeto me presento y expongo: |
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| Por tal motivo solicito: |
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| DOCUMENTOS QUE ADJUNTO (de ser el caso): |
| 1) |
| 2) |

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| La Molina, |  | de |  | de 20\_\_\_. |

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| FIRMA DEL ESTUDIANTE |