**LCP Susana Ambriz Ramos**

DIRECTORA DE LA PREPARATORIA REGIONAL DE PUERTO VALLARTA

P R E S E N T E

 Por este conducto me permito solicitar a Usted su autorización para la **REVISIÓN DE EVALUACIÓN**, de la materia (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ con el profesor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ que curse en el presente Calendario Escolar **2019A**, en el grupo de \_\_\_\_\_\_\_\_\_\_ del turno \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ya que considero que: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Para lo cual, me permito anexar a la presente:

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**A t e n t a m e n t e**

Puerto Vallarta Jalisco ,\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_, del 2019

**NOMBRE DEL ALUMNO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CODIGO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GRADO \_\_\_\_\_\_\_\_ GRUPO \_\_\_\_\_\_\_\_\_\_\_ TURNO** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATOS PERSONALES**

TELEFONO DE CASA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NO. CELULAR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E – MAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_