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| D./DÑA.: |  | D.N.I./PASAPORTE: |  |

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| DOMICILIO: |  | NÚMERO: |  |

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| D.P.: |  | LOCALIDAD: |  | PROVINCIA: |  |

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| TFNO./MÓVIL: |  | CORREO ELECTRÓNICO: |  |

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| TITULACIÓN: |  |

##### **EXPONE**

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| **Que le coinciden las fechas de los exámenes de las siguientes asignaturas, correspondientes a la ……………………. convocatoria:** |
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##### **SOLICITA**

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| **El cambio de fecha de examen de la asignatura** |
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|  | En Sevilla, a |  | de |  | de |  |
| SR./A COORDINADOR/A DE LA ASIGNATURA…………………………………………………………………………………………………….. | | | | | | |