En el día \_\_\_\_\_\_\_ del mes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ del año \_\_\_\_\_\_\_\_\_, solicito se cancele la matrícula del estudiante \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ del curso \_\_\_\_\_\_por las siguientes razones:

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FIRMA DE LA PERSONA QUE SOLICITA LA CANCELACIÓN

CELULAR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ANEXAR A ESTA DOCUMENTO, LA HOJA DE MATRÍCULA DEL ESTUDIANTE CON TODOS SUS SOPORTES.**