**SECRETARIA DE EDUCACIÓN EN EL ESTADO**

**SUBSECRETARIA DE EDUCACIÓN BÁSICA**

**SUBSECRETARIA DE EDUCACIÓN MEDIA SUPERIOR Y SUPERIOR**

**COORDINACIÓN GENERAL DE PLANEACIÓN Y EVALUACIÓN EDUCATIVA**

**FORMATO DE “*SOLICITUD DE CAMBIO DE ADSCRIPCIÓN 2016-2017”***

No. FOLIO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Utilice: a) datos contenidos en sus talones de cheques, b) letra de molde, c) tinta azul o negra. Anexe: a) copia(s) fotostática(s) talón(es) de cheque(s), b) copia de solicitud del cónyuge.

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| Fecha de elaboración de la solicitud: |  |  | / |  |  | / | 2016 |  |  |  |
|  |  |  | d d | m m |  |  |  |  |  |
| **Nivel educativo en donde solicita el cambio:** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Inicial | Especial |  | Preescolar | Primaria | Secundaria | Superior |
| Cendi | USAER |  |  | General |  | General | General | CAMM |
| Inicial | CAM |  |  | Indígena |  | Indígena | Técnica | UPN |
|  |  |  |  |  |  |  |  |  |  |  | Telesecundaria | Normal |



**Datos Generales del Solicitante:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  | Paterno |  |  | Materno |  |  |  |  |  |  |  |  |  |  |  | Nombre (s) |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | RFC |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | CURP: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Especialidad: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Grado máximo de estudios: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Fecha de ingreso al servicio: |  |  |  | / |  |  |  |  |  | / |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Fecha de ingreso a la escuela actual: |  |  |  | / |  |  |  |  |  | / |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | *Clave(s) presupuestal(es) del nivel donde solicita el cambio y tipo de nombramiento (tipo nom.):* |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Clave presupuestal |  |  |  |  |  |  | Tipo |  |  |  |  |  |  |  |  | Clave presupuestal |  |  |  |  |  | Tipo |  |  |
|  |  |  |  |  |  |  |  |  |  | nom. |  |  |  |  |  |  |  |  |  |  |  |  |  | nom. |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | a) |  |  |  |  |  |  |  |  |  |  |  | b) |  |  |  |  |  |  |  |  |  |  |
|  | c) |  |  |  |  |  |  |  |  |  |  |  | d) |  |  |  |  |  |  |  |  |  |  |
|  | e) |  |  |  |  |  |  |  |  |  |  |  | f) |  |  |  |  |  |  |  |  |  |  |

*Clave(s) presupuestal(es) de otros niveles donde labora y tipo de nombramiento (tipo nom.):*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | Clave presupuestal | Tipo |  |  |  |  |  |  |  |  | Clave presupuestal | Tipo |
|  |  |  |  | nom. |  |  |  |  |  |  |  |  | nom. |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| a) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | b) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| c) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | d) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Domicilio (particular)* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Calle: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | No. Ext.: |  |  |  |  |  |  |  |  |  |  | No. Int.: |  |  |  |  |
| Colonia: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | C.P: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Localidad: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Municipio: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Teléfono: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Escuela(s) donde labora actualmente* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Zona escolar: |  |  |  | C.C.T.: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Puesto o Función: |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Zona escolar: |  |  |  | C.C.T.: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Puesto o Función: |  |  |  |
| Zona escolar: |  |  |  | C.C.T.: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Puesto o Función: |  |  |  |
| **Datos de solicitud de cambio** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Zona escolar: |  |  |  | Municipio: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Zona escolar: |  |  |  | Municipio: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Zona escolar: |  |  |  | Municipio: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

En caso de que se autorice el cambio de adscripción sólo para uno de los cónyuges. ¿Se acepta? SI  NO 



En caso de respuesta afirmativa al cuestionamiento anterior, proporcione datos del cónyuge.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | Paterno |  |  |  |  |  |  |  |  |  | Materno |  |  |  |  |  |  |  |  | Nombre (s) |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| RFC |  |  |  |  |  |  |  |  |  |  |  |  |  |  | CURP: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**LOS CAMBIOS AUTORIZADOS A LOS BENEFICIADOS SERÁN IRREVOCABLES.**

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FIRMA DEL INTERESADO