**INSTANCIA**

D./DÑA. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D.N.I. con domicilio, a efectos de notificación en \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, nº\_\_\_\_\_\_ piso \_\_\_\_\_\_\_\_\_, C.P. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provincia \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teléfonos: Móvil\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fijo\_\_\_\_\_\_\_\_\_\_\_

Dirección electrónica \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

**EXPONE**:

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**SOLICITA**:

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Santander, a ………….. de ………………………………. de 2…………..

FDO………………………………………………………………………………….

**SRA. DECANA DE LA FACULTAD DE ENFERMERIA.-**