

CONVALIDACIONES

RECONOCIMIENTO DE CRÉDITOS

D./Dª…………………………………………………………………………………………………………………………………………………………………………….

D.N.I………………………… Tfno: ……………………………………………. E-mail:…………………………………………………………………………….

Alumno de:

* Grado
* Máster: ………………………………………………………………………………………………………………………………………………………….

|  |  |
| --- | --- |
| **ASIGNATURAS CURSADAS** | **ASIGNATURAS QUE SOLICITA LE SEAN CONVALIDADAS** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Idiomas**

|  |  |  |
| --- | --- | --- |
| **Título del curso** | **Organismo** |  |
|  |  |  |
|  |  |  |
|  |  |  |

Santander, a……….. de de 20..

FDO.: ……………………………………………………………………