**FACULTAD DE FILOSOFÍA Y LETRAS**

**DIVISIÓN DE ESTUDIOS DE POSGRADO**

**DOCTORADO SISTEMA TUTORAL**

**PLAN GLOBAL DE TRABAJO DE INVESTIGACIÓN**

Número de Cuenta:   
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Alumno:   
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Apellido paterno Apellido materno Nombre (s)

Dirección:

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Delegación o municipio Estado Código Postal

Teléfonos:   
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 Particular Oficina Celular

DOCTORADO EN: CLAVE PLAN:   
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TÍTULO DE LA INVESTIGACIÓN:

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|  | **PROGRAMA SEMESTRAL** | | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |  |  |
|  |  |  | **Año** | **Semestre** |  |  |
| **Actividades académicas** | | | | | **Fecha de inicio** | **Fecha de terminación** |
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Nombre y firma del alumno Nombre y firma del Tutor Principal

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Nombre y firma del Cotutor Nombre y firma del Cotutor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_