COLEGIO DE BACHILLERES DEL ESTADO DE BAJA CALIFORNIA SUR

**DIRECCIÓN GENERAL**

**AÑO SABÁTICO 2023**

**FR-DFD-02-01**

**SOLICITUD PARA EL EJERCICIO DEL AÑO SABÁTICO**

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| **AÑO SABÁTICO A EJERCER**: |  |  | **MODALIDAD:** | **AÑO SEMESTRE** |
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| DATOS PERSONALES |
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| DATOS ACADÉMICOS Y LABORALES |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | | |  | | | |  | |  | | | | | | | | |  | |  | | **Escolaridad:** |  | | | | | |  | | **Otros:** | | |  | | | | | | | |  | |  | | |  | | | |  | |  | | | | | | | | |  | |  | | Centro de trabajo: | |  | | | |  | | Función docente: | | | | | | | | |  | | |  | |  | | |  | | | |  | |  | | | | | | | | |  | |  | | **Núm. de horas asignadas:** | | | | |  |  |  |  | | --- | --- | --- | --- | | Sem. Lect. A |  | Sem. Lect. B |  | | | | | | | | | | |  | **Categoría:** | | | |  |  | |  | | |  | | | |  | | | | | |  | | | | |  | |  | | **¿Ha ejercido el año sabático con anterioridad?** | | | | | **SI NO** | | | | |  | **Indique el periodo:** | | | | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Del: |  |  | / |  |  | |  |  |  |  |  |  | | Al: |  |  | / |  |  | | | | |  | |  | | |  | | | |  | | | | | |  | | | | |  | |  | |
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| PROGRAMA ACADÉMICO A DESARROLLAR |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Programa(s): (señale con una X)** | | |  | |  | Titulación de estudios de Licenciatura. | | |  | |  | Elaboración de tesis para la obtención del grado de Maestría o Doctorado. | | |  | |  | Estudios de postgrado: especialización, maestría o doctorado. | | |  | |  | Formación y Superación profesional o pedagógica. | | |  | |  | Investigación Académica, profesional, pedagógica o desarrollo tecnológico. | | |  | |  | Elaboración de libros de texto, cuaderno de trabajo, antologías, manuales para prácticas y/o material didáctico. | | |  | |  |  | | |  | |  | Nombre del o los proyectos: |  | |  | |  |  | | |  | |  | **Lugar o institución donde se realizará(n):** | |  |  | |  |  | | |  | |
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| NOMBRE Y FIRMA DEL PARTICIPANTE |