**UNIVERSIDAD NACIONAL AUTONOMA DE MEXICO**

**ESCUELA NACIONAL DE ESTUDIOS SUPERIORES UNIDAD LEON**

**DEPARTAMENTO DE ADMINISTRACIÓN ESCOLAR**

**COMPROBANTE DE NO ADEUDOS**

NOMBRE DEL ALUMNO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LICENCIATURA o TECNICO PROFESIONAL EN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NUMERO DE CUENTA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Biblioteca** | | | | **Laboratorio** | | | | |
| Fecha |  |  |  | Fecha | |  |  |  |
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|  | Firma y sello |  |  |  | | Firma y sello |  |  |
| **Clínicas** | | | | **Servicios a la comunidad** | | | | |
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Licenciaturas en: OD, CA, FS deben presentar sello de laboratorio

Licenciaturas en: OD, FS deben presentar sello de clínicas