COLEGIO DEPARTAMENTAL DEL

DEPARTAMENTO DE INVESTIGACIÓN Y POSGRADO EN ALIMENTOS

**Convocatoria de Becas para Estancia de Investigación de**

**Profesores-Investigadores de Tiempo Completo Indeterminado 2025-2 / 2026-1**

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| **FORMATO DE SOLICITUD DE BECA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nombre completo: | | | | |  | | | | | | | | | | | | | | | |  | | | PITC Indet. | | | | |  | Nivel | | | | | |  | | | |
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| Núm. Empleado: | | | |  | | | | | | | |  | | | | Antigüedad en la Institución: | | | | | | | | | | | | | | | | |  | | | | | años | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Facultad Interdisc.: | | | | | |  | | | | | | | | | | | | | | Obtención doctorado: | | | | | | | | | | | | | | \_\_/\_\_/\_\_ | | | | | |
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| Campus: |  | | | | | | | | | | | | | | | | Categoría PITC Indet. desde: | | | | | | | | | | | | | | | | | | \_\_/\_\_/\_\_ | | | |
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| Domicilio particular: | | | | | | |  | | | | | | | | | | | Col. | | | | |  | | | | | | | | C.P. | | | | | |  | | |
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| Ciudad: | |  | | | | | | | | | | | | | | | | Estado: | | | | | | |  | | | | | | | | | | | | | | |
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| Tel. casa: | (662) | | | | | | | | | | Tel. Trabajo: | | | (662) | | | | | | | | Celular: | | | | | (662) | | | | | | | | | | | | |
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| Proyecto de Investigación a desarrollar durante la estancia: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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| Institución receptora: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Dependencia académica: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Ciudad Sede: | | |  | | | | | | | | | | | | | | | Estado/País: | | | | | | | |  | | | | | | | | | | | | | |
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| Líneas de generación o aplicación del conocimiento que fortalecerá o desarrollará con la estancia de investigación que realizará: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1)  2)  3) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Duración de la estancia (no. de semestres): | | | | | | | | | | | | |  | | | | | | | | Inicio de estancia: | | | | | | | | | | | \_\_/\_\_/\_\_ | | | | | | |
| Vínculo formal de cooperación con la Institución receptora: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | (anexar documento: convenio, carta de intención, red de colaboración) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Indicar el objetivo de la estancia, investigador con el que colaborará, **plan de trabajo\*** de las actividades a realizar y resultados o productos que se propone lograr al finalizar la estancia:

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**\* Adjuntar plan o proyecto a desarrollar durante la estancia en la institución receptora, avalado por ésta.**

De verme beneficiado(a) con el apoyo de beca asumiré el compromiso y me haré responsable de las consecuencias que se deriven del incumplimiento del contrato que se celebre entre quien suscribe y la Universidad de Sonora. Así mismo, aceptaré que se proceda con las sanciones establecidas en la normatividad institucional aplicable.

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|  | Nombre completo y Firma |  |

Imprimir por ambas caras