**FORMATO DE RESPALDO DE INSCRIPCIÓN DE FIRMAS**

**PARA CANDIDATOS DE CUERPOS COLEGIADOS**

Por medio de la presente comunicación, los abajo firmantes formalizamos la inscripción de la candidatura del señor (a) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, identificado (a) con cédula de ciudadanía No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, como Representante de los \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ante el Consejo \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ del campus \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUSCRIPTORES:**

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