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Bachelor Thesis Master's Thesis

Doctoral thesis

**Num:**

**Application date:**

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Name (s) Father´s last name Mother´s last name

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

Date of birht dd/mm/yy mobile phone number

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

E-mail

In case of emergency call to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Note. Write in upper and lower case, with accents and / or umlauts. As you write your name it will appear in the acceptance letter.***

**Student information**

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

Educational institution of origin Major or Educational Level

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

Phone number of the Educational institution of origin Registration or control number

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

Project name or thesis title

Area in which you will work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Responsible for the project or thesis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Schedule and days of work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total hours to cover: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Observations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Information**

1. Deliver this format together with the following documentation to the Directorate of Academic Training:
2. Presentation letter issued by the educational institution of origin addressed to Mtra. Yenni María Carpinteyro Tlapanco, Head of the School Services Department of the Directorate of Academic Training.
3. School Identification Card (copy).
4. Kardex.
5. Color photograph (2.5 X 3 cm) on sticky paper. (For thesis 2 photographs are required)
6. The person in charge of external students will schedule an interview with the student and the person in charge (researcher, technician or administrator) of the project to agree on the terms of the internship, regarding schedules, responsibilities, reports, deliverables, etc.
7. Deliver to the Academic Training Office (responsible for external students) the registration form with the signature of the person responsible for the project and the student, attaching the required documents and the work plan (free format) for the preparation of the cover letter.
8. Progress of the project and work schedule. <https://www.inaoep.mx/servicio_practicas.php>

**Requirements:**

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

**Name and signature of the person responsible for the project**

**PRIOR CONSENT OF THE HOLDER FOR THE PROCESSING OF PERSONAL DATA - INAOE**

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

### INAOE Manager

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

**Student's name and signature**

**The National Institute of Astrophysics, Optics and Electronics (INAOE) in compliance with the General Law on the Protection of Personal Data in Possession of Obligatory Subjects (published on January 26, 2017 and visible on the Federal Government portals) in order to ensure the protection and privacy of personal data, as well as regulating the Access, Rectification, Cancellation and Opposition of their handling (based on articles 6, Base A and 16, second paragraph, of the Political Constitution of the United Mexican States , regarding the protection of personal data in possession of obligated subjects) establishes our commitment to protect any personal information that you provide us, for which your consent is required based on the following:**

**REQUIRED SUBJECT INFORMATION:**

**The National Institute of Astrophysics, Optics and Electronics, is located at Luis Enrique Erro Street # 1, Colonia Santa María Tonantzintla, San Andrés Cholula, Zip Code 72840, Mexico, Puebla.**

**REASONS FOR THE USE OF PERSONAL DATA**

**The personal data that INAOE collects will be used for the academic purposes and services required by the Institute.**

**COLLECTED PERSONAL DATA**

**The data that INAOE collects to meet academic requests and services are listed below and will be only and only for that purpose:**

**Name, address, contact information (home and mobile phone number, email address, curriculum vitae), official documentation (birth certificate, CURP), proof of study documents (certificates, titles, records), biometric identification (fingerprints, face captures)**

**The information collected will be under the protection of the Academic Training Directorate for its use.**

**TRANSFER OF PERSONAL DATA**

**INAOE may transfer your data strictly in the academic field and / or for the process of any service related to academic and institutional management; as well as when required for medical assistance.**

**RIGHTS OF THE MANAGEMENT OF PERSONAL DATA**

**The student will be able to request to INAOE the Access, Rectification, Cancellation or Opposition to the use of the personal data that concern him/her by means of the application form of the ARCO rights that he/she will be able to download in the web page http://www.inaoep.mx/politicadeprivacidad, and must present at the Academic Training Directorate.**

**MODIFICATIONS TO THE PRIOR CONSENT OF CONFIDENTIALITY**

**This document may undergo modifications, changes or updates derived from new legal requirements, INAOE's own needs, for the services we offer or for other causes; however, any modification to the document will be notified to you via email or any other electronic means.**

The information contained in this document is CONFIDENTIAL, it is addressed for the purposes referred to in this document and may contain information that is not in the public domain.

This consent is granted in Santa María Tonantzintla, Puebla, on the \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_ in a freeway, since there is no mistake, bias, violence or fraud that could affect the manifestation of my will; specific, referring to the specific, lawful, explicit and legitimate purposes that are indicated in this document and that justify the treatment of my personal data and informed since I have knowledge of the privacy notice, prior to the treatment to which my data will be subjected personal.

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

Head of INAOE

PhD. Francisco Javier Renero Carrillo Manager and Responsible of the Office of the Directorate of Academic Training

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"Consent is granted for the processing of personal data"

Name and signature of the interested party