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| udealogo | **SOLICITUD DE PLAZOS PARA CUMPLIMIENTO DE COMPROMISOS** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Vicerrectoría de Investigación – Centro de Investigación Facultad Nacional de Salud Pública** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [Aspectos a tener en cuenta este tipo de solicitudes. **Ver(+)**](http://www.udea.edu.co/wps/wcm/connect/udea/5f7133e5-ccbb-4872-8ac1-5cabdfd4a45e/TIPS+PARA+SOLICITUDES+CTI-VRI.pdf?MOD=AJPERES) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Fecha Solicitud | *DD* | | | *MM* | | *AA* |  | | | | | | | | | | | | | | | | | | | | |
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| **DATOS GENERALES DEL PROYECTO** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombre del Proyecto |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Investigador Principal |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N° identificación IP |  | | | | | | | | | | | Convocatoria | | | | | | |  | | | | Año | | | |  |
| Nombre del grupo |  | | | | | | | | | | | | | | | | | | Código del Grupo | | | |  | | | | |
| **ESTADO ACTUAL DEL PROYECTO** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fecha Inicio | *DD* | | | *MM* | | *AA* | Fecha Finalización | | | | | | | *DD* | | | *MM* | | | *AA* | | Duración | | | | Prórrogas o plazos Anteriores | |
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| **DATOS SOLICITUD** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Compromisos cumplidos | | | | | | | | | | Fecha | | | | | | | | Soporte cumplimiento | | | | | | | | | |
| *DD* | *MM* | | *AA* | | | | |
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| Compromisos pendientes | | | | | | | | | | Fecha | | | | | | | | Soporte cumplimiento | | | | | | | | | Meses solicitud |
| *DD* | *MM* | | *AA* | | | | |
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| Justificación Solicitud |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Firma del Investigador Principal |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **USO EXCLUSIVO CENTRO** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fecha Recepción Solicitud | *DD* | *MM* | | | *AA* | | | ID Solicitud | | | | |  | | | | | | | | Dependencia | | | |  | | |
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| Respuesta del Comité Técnico de Investigación |  | | | | | | | Fecha | | | | | *DD* | | *MM* | | | | *AA* | | Acta N° | | | |  | | |
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| Observaciones del Comité Técnico de Investigación |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Firma autorizada del Comité Técnico de Investigación |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **USO EXCLUSIVO DE LA VICERRECTORÍA DE INVESTIGACIÓN** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fecha recepción solicitud | *DD* | | *MM* | | *AA* | | | | Respuesta CODI | | | |  | | | | | | | | Acta N° | | |  | | | |
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| Observaciones |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fecha Acta CODI | *DD* | | *MM* | | *AA* | | Vo.Bo. Vicerrectoría | | | | | | | | |  | | | | | | | | | | | |
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