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|  | **CURRICULUM VITAE – ACADEMIC PRACTICUM** |
| **UNIVERSITY OF ANTIOQUIA** |

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| 1. **Personal Information**
 | Current photo 3 x 4 cm |
| First Surname: | Second Surname: |
| Enter your 1st surname. | Enter your 2nd surname. |
| Given names: | Sex: |
| Enter your full name. | Male [ ]  Female [ ]  |
| Identification Document: | Number: | City of issue: | Department of issue: |
| Colombian ID [ ]  Foreigner ID [ ]  PASSPORT [ ]  | Number. | City. | Department. |
| Date of expiration, just for Foreigner ID and Passport | Day: | Month: | Year: | Country of issue: | Military ID: | Number: | MD |
| dd. | mm. | yyyy | Country. | 1st. Class [ ]  2nd. Class [ ]  | Number. |  |
| Place or City of Birth: | Department: | Country: | Date of Birth: | Day: | Month: | Year: |
| City. | Department. | Country. | dd. | mm. | yyyy |
| Nationality – Country 1: | Nationality – Country 2: |
| Nationality. | Nationality. |
| Residential Address (carrera, calle, transversal, neighborhood, housing estate, apt., etc.): | Phone and Cellphone Number: |
| Residential Address. | Number. |
| City of Residence: | E-mail: |
| City of Residence. | E-mail. |
| Children: | Number | Marital Status |
| YES[ ]  NO [ ]  | Number. | Married [ ]  Single [ ]  Common-law Marriage [ ]  Divorced [ ]  Widow (er) [ ]  Separated [ ]  |
| 1. **Professional Profile in Formation**
 |
| Enter the professional profile or graduate profile stablished for your academic program (check on the institutional web site - Academic Units). |
| 1. **Academic Background**
 |
| * 1. **Higher University Education**
 |
| Semester (mark with an "X" your actual enrolled semester): | Department / School / Institute: |
| 1st [ ]  2nd [ ]  3rd [ ]  4th [ ]  5th [ ]  6th [ ]  7th [ ]  8th [ ]  9th [ ]  10th [ ]  | Name of the Department / School / Institute. |
| Academic Program: | Code of the Academic Program:  |
| Name of the Academic Program. | Number. |
| * 1. **Technical, Technological or Specialized Technological Education**
 |
| Academic Modality: | Approved Semesters: | Educational Institution where the degree was studied and approved: |
|  Technical [ ]  Technological [ ]  Specialized Technological [ ]  | Number. | Educational Institution Name. |
| Date of termination | Month: | Year: | Graduate: | Degree obtained (or name of the program): | Professional Card Number: |
| mm. | yyyy | YES[ ]  NO [ ]  | Degree Name. | Number. |
| * 1. **Continuing Education** (Relate: degrees, courses, etc.)
 |
| Name of the Continuing Education Event  | Educational Institution where it was made | Duration (h) | Year  |
| Name of the Course or Certification Program. | Name of the Educational Institution. | Hours. | Year. |
| Name of the Course or Certification Program. | Name of the Educational Institution. | Hours. | Year. |
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| 1. **Professional or Academic Achievements, Recognitions, or Publications** (Relate information you can certify)
 |
| 1. | Enter achievements or recognitions you can certify. |
| 2. | Enter achievements or recognitions you can certify. |
| 3. |  |
| 4. |  |
| 1. **Languages** (Mark with an "X" your language level. R: regular; G: good; E: excellent)
 |
| **Language:** | **You can read:** | **You can write:** | **You can speak:** | **Comments:** |
| Choose one element. | Choose one element. | Choose one element. | Choose one element. |  |
| Choose one element. | Choose one element. | Choose one element. | Choose one element. |  |
| 1. **Professional Experience** (in strict chronological order, starting with your last job or service provided)
 |
| To state the CAUSE OF TERMINATION, consider the following codes: |
| 1. Completion of work, term of contract, or expiration of the period.
2. Just cause on the part of the employee or noncompliance by the contractor.
3. Just cause on the part of the employee or noncompliance by the contracting party.
4. Permanent closure of the establishment or abolition of the post.
5. Cessation of activities of the employer by more than 120 days.
6. Abandonment of post.
 | 1. Unilateral decision or impermanence declaration.
2. Final judgement.
3. Appointment revocation or nullity.
4. Retirement or disability pension.
5. Voluntary waiver.
6. By mutual agreement.
 |
| **A. Enterprise or Entity:** | **Sector:** | **Phone Number:**  |
|  | Public[ ]  Private[ ]  |  |
| Address: | City | Department | Country |
|  |  |  |  |
| Start Date: | Day: | Month: | Year: | Termination Date | Day: | Month: | Year: | Time of service |  | Time commitment: |
|  |  |  |  |  |  | Full time[ ]  Part-time [ ]  By hours [ ]  |
| Position held; contract or activities carried out: | Cause of termination:  |
|  |  |
| **B. Enterprise or Entity:** | **Sector:** | **Phone Number:**  |
|  | Public[ ]  Private[ ]  |  |
| Address: | City | Department | Country |
|  |  |  |  |
| Start Date: | Day: | Month: | Year: | Termination Date | Day: | Month: | Year: | Time of service |  | Time commitment: |
|  |  |  |  |  |  | Full time[ ]  Part-time [ ]  By hours [ ]  |
| Position held; contract or activities carried out: | Cause of termination:  |
|  |  |
| **C. Enterprise or Entity:** | **Sector:** | **Phone Number:**  |
|  | Public[ ]  Private[ ]  |  |
| Address: | City | Department | Country |
|  |  |  |  |
| Start Date: | Day: | Month: | Year: | Termination Date | Day: | Month: | Year: | Time of service |  | Time commitment: |
|  |  |  |  |  |  | Full time[ ]  Part-time [ ]  By hours [ ]  |
| Position held; contract or activities carried out: | Cause of termination:  |
|  |  |
| 1. **Particular Activities** (Relate activities you have carried out or that are currently being carried out that accumulate service weeks you can certify as assistant teacher or as administrative assistant or others)
 |
| Kind of Activity | Enterprise or Entity | Sector | Time of service |
| Public | Private | No. of Years | No. of Months |
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| 1. **Knowledge, skills, or abilities** (Itemize skills and personal competences, include relevant activities for the practicum scene, for instance, teamwork, interpersonal communication, leadership, technical abilities, etc.)
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| **Academic Practicum Academic Unit** |
| Name of the Academic Practicum Coordinator of the Academic Program: | Name of the Department Academic Practicum Coordinator: |
|  |  |
| Phone and Cellphone Number: | E-mail: |
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| * For all legal purposes, I certify that all information registered by myself in this unique format of Curriculum Vitae is truthful.
* I solemnly swear, which I confirm with my signature, that I do not have any constitutional or legal incompetence or incompatibility to employ or work with public or private entities.
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| Signature and ID number |  | City and date |