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| **1** | **PRESENTACIÓN DEL PROYECTO DE CAPACITACION** |

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| **1.1** | **DENOMINACIÓN DEL PROYECTO** |
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| **1.2** | **TIPO DE ACTIVIDAD:**  (Curso, Seminario, Taller) |  | | **1.3** | **OBJETIVO PEDAGÓGICO:**  (Capacitación, Actualización, Perfeccionamiento) |  |
| **1.4** | **ALCANCE DE LA PROPUESTA:**  (General o específico) | |  | | | |

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| **1.5** | **BREVE DESCRIPCIÓN Y FUNDAMENTACIÓN**  (Identificación del problema y propuesta de mejora) |
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| **1.6** | **DISERTANTES** | | | | | | | | | | | | | |
| **1.6.1** | **DISERTANTE/S RESPONSABLE/S** | | | | | | | | | | | | | |
| Apellidos y Nombres | | |  | | | | | | N°de CUIT/CUIL | | | |  | |
|  | |
| Nivel máximo de educación alcanzada | | |  | | | | | | | | | | | |
| Cargo | |  | | | | | Dedicación | | |  | | | | |
| Organización | |  | | | | | | | | | | | | |
| Dirección | |  | | | | | | | | N° |  | | | |
| Localidad | |  | | | Provincia |  | | | | | | Código Postal | |  |
| Teléfono de contacto | | | Característica | |  | N° | |  | | | | | | |
| Dirección de correo electrónico | | | |  | | | | | | | | | | |

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| **1.6.2** | **DISERTANTE COLABORADOR** | | | | | | | | | | | | | |
| Apellidos y Nombres | | |  | | | | | | N°de CUIT/CUIL | | | |  | |
| Nivel máximo de educación alcanzada | | |  | | | | | | | | | | | |
| Cargo | |  | | | | | Dedicación | | |  | | | | |
| Organización | |  | | | | | | | | | | | | |
| Dirección | |  | | | | | | | | N° |  | | | |
| Localidad | |  | | | Provincia |  | | | | | | Código Postal | |  |
| Teléfono de contacto | | | Característica | |  | N° | |  | | | | | | |
| Dirección de correo electrónico | | | |  | | | | | | | | | | |

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| **1.6.3** | **COORDINADOR LOGÍSTICO** | | | | | | | | | | | | | |
| Apellidos y Nombres | | |  | | | | | | N°de CUIT/CUIL | | | |  | |
| Nivel máximo de educación alcanzada | | |  | | | | | | | | | | | |
| Cargo | |  | | | | | Dedicación | | |  | | | | |
| Organización | |  | | | | | | | | | | | | |
| Dirección | |  | | | | | | | | N° |  | | | |
| Localidad | |  | | | Provincia |  | | | | | | Código Postal | |  |
| Teléfono de contacto | | | Característica | |  | Nº | |  | | | | | | |
| Dirección de correo electrónico | | | |  | | | | | | | | | | |

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| **1.7** | **AREA/S, SECTOR/ES O PROGRAMA/S Y UNIDAD/ES DE GESTION A LAS QUE SE DESTINA LA PROPUESTA DE CAPACITACION** | | | | |
| Área/s | |  | Unidad/es de Gestión |  | |
| Destinatarios (cant.) | |  | | | |
| Aporte documental esperado | | Reglamentación | SI: | | NO: |
| Circuito administrativo | SI: | | NO: |
| Otros: | | | |

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| **1.8** | **INSTITUCIONES, ORGANISMOS U OTROS EXTERNOS INVITADOS** | | | | | |
| Razón Social | | |  | | | |
| Área/Sector | | |  | | | |
| Cupo | | | | | | Observaciones |
| Mínimo | |  | | Máximo |  |  |

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| **2** | **DESCRIPCIÓN GENERAL DEL PROYECTO** |
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| **2.1** | **OBJETIVOS GENERALES** |
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| **2.2** | **CONTENIDOS MÍNIMOS** |
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| **2.3** | **CONOCIMIENTOS MINIMOS REQUERIDOS** |
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| **2.4** | **METODOLOGÍA DE TRABAJO** | | | | | | |
| **2.4.1** | **MODALIDAD DE DICTADO**  (Presencial, Semipresencial o Virtual) | | | | |  | |
| **2.4.2** | **CARGA HORARIA** | | | | | |  |
| Teoría | | Práctica | | Otros (1) | |
|  | |  | |  | |
| Horas Totales | | |  | | |
| **2.4.3.** | **CRONOGRAMA DE DICTADO** | | | | | | |
| Período (2) | | | Contenido mínimo | | | |
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| (1) Observaciones | |  | | | | | |
| (2) Observaciones | | Indicar el/los contenidos a desarrollar en el día 1, semana 1 o mes 1 y sucesivos, a fin de no establecer fechas que podrían sufrir algún tipo de modificación al momento de su implementación. | | | | | |

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| **2.5** | **BIBLIOGRAFÍA (Libros, Revistas, Sitios de internet, apuntes, normativa, otros)** |
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| **2.6** | **REQUISITOS PARA LA CERTIFICACIÓN** | | | | |
| **2.6.1** | **ASISTENCIA** | | | |  |
| SI | NO | % |  |
| **2.6.2** | **PROCEDIMIENTOS PARA LA EVALUACIÓN** | | | | |
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| **3** | **DATOS DE LA IMPLEMENTACION** | |
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| **3.1** | **LUGAR DONDE SE DESARROLLARÁN LAS ACTIVIDADES** | |
| **Actividad** | | **Localidad - Unidad de Gestión y/o Espacio Virtual** |
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| **3.2** | **EQUIPAMIENTO REQUERIDO PARA LAS ACTIVIDADES** | |
| **Actividad** | | **Equipamiento** |
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| **4** | **PRESUPUESTO** | | | | | |
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| **4.1** | **MATERIALES REQUERIDOS** | | | **FUENTE** | | |
| Material | | Cant. | Costo Total | UNPA | FORMA-NDO | OTRO |
| Servicios Profesionales – Honorarios | |  |  |  |  |  |
| Pasajes | |  |  |  |  |  |
| Viáticos | |  |  |  |  |  |
| Insumos de coffe break | |  |  |  |  |  |
| Insumos de librería | |  |  |  |  |  |
| Insumos en fotocopias | |  |  |  |  |  |
| Otros | |  |  |  |  |  |
| Totales | |  |  |  |  |  |

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| **4.2** | **ARANCELAMIENTO** | | | | | |
| **Categoría** | | **Arancel** | **Cuotas** | **Importe de Cuotas** | | **Becas** |
| **NODOCENTES UNPA** | | **No arancelado** | | | | |
| **NODOCENTES externos** | |  |  | |  |  |
| **Alumnos UNPA** | |  |  | |  |  |
| **Docentes UNPA** | |  |  | |  |  |
| **Externos** | |  |  | |  |  |

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| **5** | **CURRICULUM VITAE DEL DISERTANTE RESPONSABLE**  (Detallar la documentación que se adjunta) |
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| Docente Responsable | |
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| Firma | Aclaración |