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| INCLUSÃO DE DISCIPLINA FORA DO PRAZO | | | | | | | | | | | | | | | | |
| **Requerente:** | | |  | | | | | | | | | | | | | |
| **Nº Matrícula** | | |  | | | | | | | **CPF:** | |  | | | | |
| **Telefone Celular:** | | | | |  | | | | **Telefone Residencial:** | | | | |  | | | |
| ***E-mail:*** |  | | | | | | | | | | | | | | | |
| **Nome do Orientador(a):** | | | | | | |  | | | | | | | | | | |
| **Solicito a inclusão das disciplinas abaixo:** | | | | | | | |  | | | | | | | | |
| **NOME DA DISCIPLINA** | | | | | | | | **ANO/SEMESTRE** | | | | | **NOME DO PROFESSOR (A)** | | | |
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| JUSTIFICATIVA | | | | | | | | | | | | | | | | |
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