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| **REQUERIMENTO DE CANCELAMENTO DE DISCIPLINAS** |

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| **Identificação** |
| Estudante:  |
| RG:  | CPF:  |
| Curso:  |
| Matrícula:  |

**Período Letivo:** \_\_\_\_\_\_\_\_/\_\_\_\_

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| **Nome das Disciplinas a serem Canceladas** |
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| **Justificativa** |
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**Local e data**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

**Assinatura do requerente**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parecer do orientador**:

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

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**Assinatura do orientador**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_