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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**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_