**REQUERIMENTO**

*(em LETRA DE FORMA)*

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| NOME DO REQUERENTE | Nº DA MATRÍCULA/INSCRIÇÃO |
|  |  |
|  |  |
| ENDEREÇO | Nº | APTº |
|  |  |  |
| BAIRRO | CEP | FONE |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  | **OBJETIVO** |  |

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| --- | --- |
| [ ] Trancamento de *Matrícula* | [ ] Reabertura de Matrícula |
| [ ] Trancamento de *Disciplina* | [ ] Prorrogação do Prazo de *Qualificação* |
| [ ] Solicitação Créditos/Atividades Orientadas \* | [ ] Prorrogação do Prazo de *Defesa* |
|  | [ ] Outros |

 **Anexos**: \* Documentos comprobatórios

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|  | **EXPOSIÇÃO DE MOTIVOS** |  |

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Teresina, \_\_\_\_/\_\_\_\_/\_\_\_\_\_