**REQUERIMENTO**

*(em LETRA DE FORMA)*

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| NOME DO REQUERENTE | | | Nº DA MATRÍCULA/INSCRIÇÃO | |
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| ENDEREÇO | | Nº | | APTº |
|  | |  | |  |
| BAIRRO | CEP | FONE | | |
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|  | **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* |
| [ ] Consignação de Créditos | [ ] Outros |

**Anexos**: \* Documentos comprobatórios

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|  | **EXPOSIÇÃO DE MOTIVOS** |  |

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