**NOME COMPLETO DO REQUERENTE**

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**ANO/SEMESTRE DE REALIZAÇÃO DO EXAME DE SELEÇÃO: \_\_**\_\_\_\_\_/\_\_\_\_\_\_\_\_

**JUSTIFICATIVA DO PEDIDO**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Toda documentação comprobatória da atividade a ser validada deve ser anexada a este requerimento.

Data: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ Assinatura: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SECRETARIA ACADÊMICA**

O pedido foi devidamente analisado e ( ) deferido ( ) indeferido.

Responsável pela análise: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

São Leopoldo, \_\_\_/\_\_\_/\_\_\_ Assinatura da Secretaria:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_