# REQUERIMENTO DE MATRÍCULA

**BANCA DE QUALIFICAÇÃO**

**NÚMERO DE MATRÍCULA:**

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**NOME COMPLETO**

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**E-MAIL**

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Orientador ou orientadora: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sugestão de data: \_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_.

Sugestão de horário: \_\_\_:\_\_\_\_

Estou ciente de que meu orientador ou minha orientadora precisa autorizar este encaminhamento em formulário à parte, definindo data e horário com base na minha sugestão e indicando os nomes para composição da Banca Examinadora.

A confirmação da qualificação ocorrerá com a entrega do relatório de qualificação na secretaria 21 dias antes da data agendada (3 vias encadernadas com espiral).

**Data Assinatura**

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