**NOME COMPLETO DO REQUERENTE**

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**NÚMERO DE MATRÍCULA DDD TELEFONE FIXO DDD CELULAR**

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**CURSO**

* **Técnico em Instrumento Musical**
* **Técnico em Canto**
* **Técnico em Enfermagem**
* **Técnico em Composição e Arranjo**
* **Bacharelado em Musicoterapia**
* **Bacharelado em Teologia**
* **Licenciatura em Música**
* **Lato Sensu**
* **Mestrado Profissional**
* **Mestrado Acadêmico**
* **Doutorado**

**SOLICITAÇÃO**

Reingresso no curso, no período letivo de\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_.

**DOCUMENTAÇÃO EXIGIDA:**

* Cópia de comprovante de residência atualizado;

**SÃO LEOPOLDO, \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ ASSINATURA:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## ***ESPAÇO RESERVADO PARA A SECRETARIA ACADÊMICA***

**Análise acadêmica: ( ) DEFERIDO ( ) INDEFERIDO**

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

**Análise financeira: ( ) DEFERIDO ( ) INDEFERIDO**

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

**SÃO LEOPOLDO, \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ REGISTRADO POR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**