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| JUSTIFICATIVA CANCELAMENTO DE MATRÍCULA POR EVASÃO |

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| IDENTIFICAÇÃO DO(A) ESTUDANTE |
| Nome completo |  | Prontuário |  |
| Curso |  | Período |  |
| E-mail\* |   | Celular |   |

**Registre aqui o motivo/justificativa que o levou a reprovar por faltas em todos os componentes curriculares:**

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**Indique os componentes curriculares que desejaria cursar, caso seu pedido seja deferido:**

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| Código | Disciplina/Módulo/Série | Período |
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Presidente Epitácio, \_\_\_ de \_\_\_\_\_\_\_\_ de 20\_\_

**Assinatura do Responsável**