 **Formulário padrão – Ajuste de matrícula SIPOS/CCSH** 

| **Nº de Matrícula** | | | | | | | | | | **Nome Completo** | **Curso** | | | |
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Solicito ajuste de matrícula da forma seguinte:

**Inclusão das disciplinas:**

| **Sigla** | | | **Número** | | | | **Turma** | | **Nome da(s) disciplina(s):** |
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**Exclusão das disciplinas:**

| **Sigla** | | | **Número** | | | | **Turma** | | **Nome da(s) disciplina(s):** |
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OBS.:

| Data: / / | Assinatura Aluno: | De acordo: |
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 **Formulário padrão – Ajuste de matrícula SIPOS/CCSH**  

| **Nº de Matrícula** | | | | | | | | | | **Nome Completo** | **Cód. Curso** | | | |
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Solicito ajuste de matrícula da forma seguinte:

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