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| **FORMULÁRIO PARA ENCAMINHAMENTO DE RECURSO**  **REFERENTE À AVALIAÇÃO CURRICULAR** |

**EDITAL 032/2020 DE 18 DE SETEMBRO DE 2020**

**PROCESSO SELETIVO DE PÓS-GRADUAÇÃO**

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| **IDENTIFICAÇÃO** |

(preencher com letra de forma)

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| NOME DO CANDIDATO: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **À COORDENAÇÃO DO MESTRADO PROFISSIONAL EM CIÊNCIAS DA SAÚDE** |
| **Venho por meio deste, solicitar a Comissão de Seleção, revisão e recontagem da pontuação a mim atribuída na Avaliação Curricular, pelos motivos que seguem abaixo:** |

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| **RAZÕES DO RECURSO (JUSTIFICATIVAS):** |

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Santa Maria, \_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de 2020.

Assinatura do candidato: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OBS: COM ESTE FORMULÁRIO, DEVIDAMENTE PREENCHIDO E ASSINADO, O CANDIDATO DEVE ENVIAR NO E-MAIL:** [**mpcsufsm@gmail.com**](mailto:mpcsufsm@gmail.com) **NOS DIAS 06 E 07/10 (até às 23h59min do dia 07/10), UTILIZANDO O MESMO ENDEREÇO DE E-MAIL FORNECIDO NA INSCRIÇÃO. INDICAR NO ASSUNTO “RECURSO AVALIAÇÃO CURRICULAR + NOME DO CANDIDATO”.**