**REQUERIMENTO DE AJUSTE DE MATRÍCULA**

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| Nome completo: | Número de Matrícula |
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| Telefone: | |

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| **Requer Matrícula na(s) disciplinas(s) abaixo:** | | | | | | | | | | | |
|  | Código(s) da(s) Disciplina(s) | | | | | | | Nome da(s) Disciplina(s) | | Incluir | Excluir |
| Sigla | | | Número | | | |
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| Assinatura do Orientador:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | Data:\_\_\_/\_\_\_/201\_\_ | | |
| Assinatura do Aluno:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |