**REQUERIMENTO ACADÊMICO**

Ilm.º Senhor(a) Coordenador(a) do Programa de Pós-Graduação,

**REQUERENTE**: (NOME DO DISCENTE), (DATA)

MATRÍCULA Nº: (XXXXXXXXX) CONTATO: (XX) XXXXX-XXXX

**REQUER:**

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|  | Trancamento de matrícula |  | Certidão de Conclusão |
|  | Desligamento institucional/ desistência de vaga |  | Deferimento do Estágio Docência |
|  | Licença |  | Dispensa do Estágio Docência |
|  | Alteração/correção de Documento |  | Submissão de Artigo |
|  | Verificação do percurso acadêmico |  | Seminários |
|  | Aproveitamento de Crédito em disciplina. |  | 04 Créditos em outras atividades |
|  | Outro: | | |

**JUSTIFICATIVA E/OU INFORMAÇÕES ADICIONAIS:**

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|  | |
| Assinatura Legível |  |

**RECEBIDO PELA SECRETARIA**

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| Recebido em |  |
| Assinatura: |  |
| Observações: | |

**PARECER DA COORDENAÇÃO**

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| AD REFERENDUM | ( ) SIM. (. )NÃO. DATA: \_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ |
| Assinatura: |  |
| Observações: | |

**PARECER DO COLEGIADO**

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| REUNIDO EM: /. / | ( ) DEFERIDO (. ) INDEFERIDO |
| Observações: | |

**DESPACHO**

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