**REQUERIMENTO** **ACADÊMICO** Recebido: \_\_\_ /\_\_\_ /\_\_\_

Nº Protocolo:\_\_\_\_\_\_\_\_\_

Responsável:\_\_\_\_\_\_\_\_\_

Nome:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Curso:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RGA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telefone fixo:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Celular:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Endereço:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Bairro:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CEP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ilmo (a) Senhor (a): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Solicito que V. Sª. se digne a atender o(s) item(ns) abaixo assinalado:

( ) Aproveitamento de estudos\*

( ) Atestado de boa conduta

( ) Atestado de frequência de atividades escolares

( ) Atestado de vaga

( ) Atualização de endereço\*

( ) Cancelamento de disciplina(s)\*

( ) Certidão de colação de grau

( ) Certidão de conclusão de curso

( ) Data para colação de grau\*

( ) Desistência de vaga\*

( ) Dilação de prazo\*

( ) Guia de transferência

( ) Interposição de recurso\*

( ) Matrícula de Portador de diploma de curso superior

( ) Mobilidade acadêmica\*

( ) Movimentação do aluno\*

( ) Regime de exercício domiciliar\*

( ) Reintegração ao curso\*

( ) Retificação de registro de dados pessoais\*

( ) Recontagem de faltas\*

( ) Revisão de avaliação\*

( ) Revisão de nota\*

( ) Trancamento de matrícula\*

( ) Trancamento de matrícula fora de prazo\*

( ) Transferência compulsória\*

( ) Transferência voluntária

( ) Outros\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* ESPECIFICAR NO VERSO

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Assinatura do acadêmico Local Data

**ESPECIFICAÇÃO E/OU JUSTIFICATIVA**

SEJA EXPLÍCITO, O BENEFÍCIO QUE PODERÁ ADVIR DESTA SOLICITAÇÃO SÓ DEPENDERÁ DOS FATOS REAIS E INERENTES A SUA SITUAÇÃO, SEUS MOTIVOS DEVEM SER EXPOSTOS COM A MÁXIMA CLAREZA.

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**DESPACHOS**

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| Deferido: ( ) Indeferido ( )  Data: \_\_\_\_/\_\_\_\_/\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Assinatura do responsável | Situação junto  à Biblioteca: | Ciente em:  Data: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Assinatura do acadêmico |