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| **REQUERIMENTO DE AJUSTE DE MATRÍCULA** |

Eu \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

solicito ajuste de matrícula no trimestre/ano \_\_\_\_\_\_\_\_\_\_\_\_nas seguintes disciplinas:

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| **Inclusão** | | | **Cancelamento** | |
| Código | Nome | Código | | Nome |
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Justificativa: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Declaro ter ciência de que o ajuste de inclusão/cancelamento só será efetivado caso tenham vagas disponíveis nas disciplinas solicitadas.

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| Local e data |  | Assinatura do Solicitante |

***Parecer da coordenação***