# SOLICITAÇÃO DE AJUSTE DE MATRÍCULA

ALUNO(A)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURSO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MATRÍCULA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEFONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AJUSTES SOLICITADOS**

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|  |
| **Sigla da Disciplina** | **DISCIPLINA** | **Eliminar** | **Acrescentar** |
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**OBSERVAÇÕES / MOTIVOS DO ALUNO**

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 Assinatura do Aluno

**OBSERVAÇÕES DA SECRETARIA/CHEFE DEPARTAMENTO.**

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 Assinatura da Chefia do Departamento