****

 **Nome do(a) Requerente Sexo**

|  |  |  |
| --- | --- | --- |
|  | **M** | **F** |
|  |  |

 **Endereço (Rua/Avenida/Travessa/N°)**

|  |
| --- |
|  |

 **Complemento de Endereço (Apto./ Bloco/ Quadra/Lote/Conj. Residencial etc.) CEP**

|  |  |  |
| --- | --- | --- |
|  |  |  |

 **Bairro Cidade UF Celular [c/DDD]**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

 **E-mail Telefone fixo [c/DDD]**

|  |  |  |
| --- | --- | --- |
|  |  |  |

 **CPF**

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| **Cód. da** **disciplina** | **Nome da Disciplina** | **Ano/****Semestre** |
|  |  |  |
|  |  |  |

**Justificativa**

|  |
| --- |
|  |