Declaração MÊS/ ANO:

Histórico Escolar

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| Nome do Requerente | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Matrícula | | | | | | | | | | Semestre | Turma | Data de Nascimento |
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| Identidade | | | | | | | | | | Órgão Expedidor | | | | | | | | CPF | | | | | | | | | | | |
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| Telefone: | Celular: |
| E-mail: | |

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| Objeto do Requerimento: |
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| Esclarecimentos(justificar a solicitação) |
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| Data da solicitação | Assinatura do requerente |
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| Data do Recebimento | Recebimento pelo requerente |
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1. Todos os campos devem ser preenchidos;
2. O requerimento deverá ser arquivado na Coordenação do devidamente assinado;
3. A declaração e o histórico são válidos por 30 dias, sendo os mesmos destruídos findo o prazo;
4. O prazo mínimo previsto para entrega da declaração é de 07 dias úteis.



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| Nome do requerente: |
| Assinatura do (a) Secretário (a): DATA: |