





## **REQUERIMENTO PARA CANCELAMENTO DE MATRÍCULA EM DISCIPLINA(S)**

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

Telefones:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CPF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

O(A) Aluno (a) abaixo assinado (a) requer cancelamento de matrícula na(s) disciplina(s):

|  |  |  |
| --- | --- | --- |
| **Código** | **Disciplina** | **Professor da disciplina** |
|  |  |  |

**Justificativa:**

Data: \_\_/\_\_/\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assinatura do aluno(a)

**RESERVADO À COORDENAÇÃO DO CURSO**

DECISÃO: ( ) Deferido ( ) Indeferido

Data: \_\_/\_\_/\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coordenador(a) do Programa