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| **FORMULÁRIO DE RECURSO – PROGRAMA DE MONITORIA**  **SELEÇÃO DE DISCENTES** |

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| **DADOS PESSOAIS** | |
| **Nome completo:** | |
| **Nome Social (Decreto Nº 8.727/2016):** | |
| **Registro acadêmico:** | **Curso:** |
| **Telefone:** | |
| **E-mail:** | |

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| **RECURSO DO CANDIDATO** |
| Referente à inscrição no componente curricular: |
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| Lavras - MG \_\_\_/\_\_\_\_\_/\_\_\_\_\_\_, Assinatura do (a) candidato (a):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **ANÁLISE DO(S) AVALIADOR(ES)** |
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| Assinatura do(s) avaliador(es) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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Lavras, \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_