# LOGO UFPE NOVO2 Universidade Federal de Pernambuco

 **Pró-Reitoria para Assuntos Acadêmicos (PROACAD)**

( ) Defiro ( ) Indefiro Em \_\_\_/\_\_\_/\_\_\_

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Assinatura/Carimbo

**Nome do(a) Requerente Sexo**

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

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**CPF Celular [c/DDD] Período**

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**Curso:**

**( ) C. Biológicas/ Ambientais ( ) C. Biológicas/ Bacharelado ( ) C. Biológicas/ Licenciatura ( ) Biomedicina**

**Vem Requerer dispensa de atividade complementar:**

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| **Tipo de atividade** | **Data inicial/final** | **Professor responsável** | **Departamento** |
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**Autorizo dispensa de atividade complementar acima:**

**Recife, \_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de \_\_\_\_\_\_\_.**

**Assinatura e carimbo do Coordenador**

**Carga Horária Total Aproveitada:**

**Recife, \_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_.**

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 **Assinatura do Requerente ou Representante Legal**