# LOGO UFPE NOVO2

# Universidade Federal de Pernambuco

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

Nº Processo

Atenção: Os espaços com linhas tracejadas só devem ser preenchidos por funcionários da UFPE.

**Nome do(a) Requerente Sexo**

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

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**Créditos obtidos no Curso de Celular [c/DDD]**

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**Reconhecidoou apenas autorizado pela lei**

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**Da InstituiçãoNo período**

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**Com referência ao(s) seguinte(s) componentes curriculares):**

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| **Componente Curricular Equivalente no Curso Pretendido** |
| **Código** | **Nome** | **Carga Horária** |
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| **Nome do Componente Curricular** | **ano/****semestre** | **Carga Horária** |
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**Carga Horária Total Aproveitada:**

**Autorizo dispensa dos componentes curriculares acima:**

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

**Assinatura e carimbo do Coordenador**

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

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**Assinatura do Requerente ou Representante Legal**