**REQUERIMENTO PARA REPOSIÇÃO DE ATIVIDADES**

**DADOS DO(A) DISCENTE**

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| --- | --- | --- | --- | --- | --- | --- |
| NOME | | | | CPF | | |
| CURSO | | | | TURMA/TURNO | | |
| DATA DE NASCIMENTO | | NATURALIDADE | | | RG / ÓRGÃO EXPEDITOR | |
| MATRÍCULA | TELEFONE | | | E-MAIL | | |
| ENDEREÇO COMPLETO | | | | | | |
| BAIRRO | | | CIDADE | | | ESTADO |

**Com base no Art. 8 das DIRETRIZES PARA EXECUÇÃO DAS ATIVIDADES NÃO PRESENCIAIS (AENPs) NO ÂMBITO DO CAMPUS ITAPORANGA, o(a) discente acima identificado(a) vem requerer:**

Análise de justificativa por não haver entregado *atividade(s) formativa(s) semanal(is)* descrita(s) e/ou *Avaliação Global* na tabela abaixo. Apreciada a justificativa, requere a anuência para realizar a reposição da(s) referida(s) atividade(s).

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| **Disciplina** | **Tópico** | **Data de entrega** |
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**JUSTIFICATIVA**

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Nestes termos pede deferimento.

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*(Cidade/UF, data)*

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Assinatura do(a) discente

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Assinatura do(a) responsável legal

*(quando discente for menor de idade)*