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|  | UNIVERSIDADE FEDERAL DA PARAÍBA **CENTRO DE CIÊNCIAS EXATAS E DA NATUREZA** |

REQUERIMENTO CANCELAMENTO DE DISCIPLINA

Eu, nome:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, matrícula nº \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, estudante do Curso de Licenciatura/Bacharelado em Ciências Biológicas, venho respeitosamente requerer a V.Sa. o **cancelamento** da inscrição nas seguintes disciplinas:

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| Código | Disciplina | Turma |
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pelos seguintes motivos (justificativa): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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João Pessoa, \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

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Assinatura