# UNIVERSIDADE FEDERAL DE SANTA CATARINA

PRÓ-REITORIA DE ENSINO DE GRADUAÇÃO

DEPARTAMENTO DE ADMINISTRAÇÃO ESCOLAR

**R E Q U E R I M E N T O**

( ) AUTORIZAÇÃO PARA EFETUAR NOVA PROVA

( ) REVISÃO DA AVALIAÇÃO PARCIAL

( ) REVISÃO DA AVALIAÇÃO FINAL

NOME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MATRÍCULA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURSO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEFONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REQUER: Ao(À) Chefe do Departamento de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

com base na Resolução 017/CUn/97:

( ) AUTORIZAÇÃO PARA EFETUAR NOVA AVALIAÇÃO

    Disciplina: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

    Turma: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) REVISÃO DA AVALIAÇÃO PARCIAL

    Disciplina: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

    Turma: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) REVISÃO DA AVALIAÇÃO FINAL

    Disciplina: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

    Turma: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JUSTIFICATIVA DO PEDIDO:

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DATA: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_     ASSINATURA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_