** UNIVERSIDADE FEDERAL DE LAVRAS**

PRÓ-REITORIA DE APOIO À PERMANENCIA ESTUDANTIL

**FORMULÁRIO DE DEFESA**

GRADUAÇÃO PÓS-GRADUAÇÃO MESTRADO DOUTORADO

**NOME:**

**TEL:** ( )\_\_\_\_\_\_\_\_\_\_\_\_\_ ( )\_\_\_\_\_\_\_\_\_\_\_\_ ( )\_\_\_\_\_\_\_\_\_\_\_\_

**CPF:**

**REGISTRO ACADÊMICO (Nº):**

**CURSO:**

**Defesa de notificação de:**

* Resultado de avaliação socioeconômica de estudantes de graduação e pós-graduação;
* Desligamento da Assistência Estudantil;
* Desligamento do Programa Institucional de Bolsas;
* Desligamento do Programa de Moradia;
* Outra defesa:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**RELATO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**ASSINATURA DO ESTUDANTE**