** UNIVERSIDADE FEDERAL DE LAVRAS**

PRÓ-REITORIA DE APOIO À PERMANENCIA ESTUDANTIL

**PEDIDO DE REVISÃO DE AVALIAÇÃO SOCIOECONÔMICA**

GRADUAÇÃO PÓS-GRADUAÇÃO: MESTRADO DOUTORADO

**NOME:**

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

**CPF:**

**REGISTRO ACADÊMICO (Nº):**

**CURSO:**

**MOTIVO PARA SOLICITAÇÃO DE REVISÃO (Relate o que mudou em sua situação socioeconômica e que está motivando este pedido): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**ASSINATURA DO ESTUDANTE**

(Preencher questionário e anexar os documentos cujo link e relação podem ser encontrados do endereço eletrônico: goo.gl/EFTzy3. O resultado será divulgado em até 40 (quarenta) dias e dever ser acompanhado pelo SIPAC.

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