**REQUERIMENTO DO REGIME DE EXERCÍCIOS DOMICILIARES PARA DISCENTES**

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| **DADOS DO DISCENTE** | | | | | | | | | | | | | | | | | | | | | |
| **Nome** |  | | | | | | | | | | | | | | | | | | | | |
| **RG** |  | | | | | | | | **CPF** |  | | | | | **Matrícula** | | | |  | | |
| **Curso** |  | | | | | | | | | | | **Período** | |  | | **Turno** | | | |  | |
| **Telefone para contato** | | | | |  | | | | | | | | | | | | | | | | |
| **Email (obrigatório)** | | | | |  | | | | | | | | | | | | | | | | |
| **DADOS DO AFASTAMENTO** | | | | | | | | | | | | | | | | | | | | | |
| **Atestado** | | | | ( ) Saúde | | | | | | | | ( ) Licença Especial | | | | | ( ) Gestante | | | | |
| **Especificar motivo de afastamento:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | |
| **Início do afastamento** | | | | | | \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_ | | | | | | | **Término do afastamento** | | | | | \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Número do CID** | | | | | |  | | | | | | | | | | | | | | | |
| **Dados da pessoa (colega de classe, responsável) que irá representá-lo durante o período de afastamento.** | | | | | | | | | | | | | | | | | | | | | |
| **Nome** | | |  | | | | | | | | | | | | | | | | | | |
| **RG** | |  | | | | | **CPF** | | | |  | | | | | **Matrícula** | | | | |  |
| **Telefone para contato** | | | | | | |  | | | | | | | | | | | | | | |
| **Email (obrigatório)** | | | | | | |  | | | | | | | | | | | | | | |
| **DISCIPLINAS CURSADAS NO PERÍODO DO AFASTAMENTO** | | | | | | | | | | | | | | | | | | | | | |
| **DISCIPLINA** | | | | | | | | **DOCENTE** | | | | | | | | | **RECEBIMENTO DAS ATIVIDADES DOMICILIARES** | | | | |
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Sorriso – MT, \_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_.

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Assinatura do Discente / Responsável

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| **PARECER DO CHEFE DE ENSINO** |

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| ( ) DEFERIDO ( ) INDEFERIDO |

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Data: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_. Ass.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **ENCAMINHAMENTO DO COORDENADOR DE CURSO** |

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Data: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_. Ass.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_