**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.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_