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|  | **TERMO DE DESITÊNCIA DO MONITOR**  |

**Modalidade da Monitoria** ( ) Remunerada ( ) Voluntária ( ) Pagamento de bolsa

Pelo presente instrumento particular, o (a) estudante

**DADOS DO ALUNO(A)**

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| VINCULADO(A) AO CURSO: |  | MATRÍCULA Nº: |  |
| DATA DE NASC.: |  | ESTADO CIVIL: |  | CPF: |  |
| ENDEREÇO: |  |
| BAIRRO/SETOR: |  | CIDADE: |  | CEP: |  |
| TELEFONE: | ( ) | E-MAIL: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

 informa ao Chefe/Coordenação do mencionado departamento/curso, a fim de que seja encaminhado à Comissão Institucional de Monitoria, para devidas providências, o presente TERMO DE DESISTÊNCIA do Programa de Monitoria, a partir de \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_, pelo (s) seguinte (s) motivo (s):

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**Monitor(a) substituto(a), se houver**

**DADOS DO ALUNO(A)**

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| VINCULADO(A) AO CURSO: |  | MATRÍCULA Nº: |  |
| DATA DE NASC.: |  | ESTADO CIVIL: |  | CPF: |  |
| ENDEREÇO: |  |
| BAIRRO/SETOR: |  | CIDADE: |  | CEP: |  |
| TELEFONE: | ( ) | E-MAIL: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_ de 20\_\_\_\_.

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Monitor(a) Orientador(a) Diretor