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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: | | | |  |  |  |  | | |  | | |  | |  | |  | |  | |  |  | |  | |  |  | |  |  | |  | |  | |  | |  |

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Monitor(a) Orientador(a) Diretor