

**REQUERIMENTO**

Srª. Coordenadora do Curso de Graduação em Terapia Ocupacional da UFPB.

Eu, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, aluno (a) do Curso de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-CCS-UFPB, matrícula\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, venho requerer:

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Nestes termos

Pede deferimento

João Pessoa, \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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**Assinatura do(a) requerente**