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| logo_furg2.jpg | **SERVIÇO PÚBLICO FEDERAL****MINISTÉRIO DA EDUCAÇÃO****UNIVERSIDADE FEDERAL DO RIO GRANDE - FURG****PRÓ-REITORIA DE GRADUAÇÃO** |

**REQUERIMENTO PARA QUEBRA DE PRÉ-REQUISITO**

Ilmo (a). Sr (a).

Coordenador (a) de Curso de ..................................................................................................................................

Nome d@ Estudante

Endereço Fone(s) e-mail

Regularmente matriculado sob o n° requer a quebra de pré-requisito(s) da disciplina:

**Cód. Disciplina Turma Nome da Disciplina** (deseja cursar)

**Justificativa:**

Santo Antônio da Patrulha,..........de..........................................de 20......

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Assinatura do Requerente (Estudante)

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| **Parecer da Coordenação de Curso** |
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Coordenação/docente\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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