|  |
| --- |
| **FORMULÁRIO DE RECURSO – PROGRAMA DE MONITORIA****SELEÇÃO DE DISCENTES** |

|  |
| --- |
| **DADOS PESSOAIS E DO RECURSO** |
| **Nome completo:** |
| **Nome Social (Decreto Nº 8.727/2016):** |
| **Registro acadêmico:** | **Curso:** |
| **Telefone:** |
| **E-mail** |
| **Referente à inscrição no componente curricular:** |

|  |
| --- |
| **RECURSO DO (A) CANDIDATO (A)** |
|  |
| Lavras, \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ Assinatura do (a) candidato (a):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **ANÁLISE DO(S) AVALIADOR(ES)** |
|  |

|  |  |
| --- | --- |
| Assinatura do(s) avaliador(es)  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Lavras, \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_