**FORMULÁRIO SOLICITAÇÃO PROVA DE 2a CHAMADA**

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| **Orientações ao aluno(a):**   1. Preencha este formulário. 2. Entregue este formulário juntamente com o formulário de requerimento para o REGISTRO ACADÊMICO. 3. O pedido será analisado pelo professor da disciplina e, se aceito, o aluno realizará a prova de 2 ª chamada, com data e horário estabelecido pelo professor. |

Eu,       , aluno(a) regularmente matriculado(a) no       período do curso       , ano de ingresso       , matrícula n°      , do IF Sudeste MG Campus Avançado Bom Sucesso, venho requer a prova de 2ª chamada da disciplina abaixo:

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| **Disciplina:** | **Código:** |

**Documentos anexados:**

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Assinatura do(a) aluno(a)

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| **Reservado ao Professor(a) da Disciplina** | | | | |
| DESPACHO DO PROFESSOR: | | | | |
| **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ Data** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PROFESSOR(A)** | | | |
| **D****ECISÃO DO PROFESSOR:** |  | **DEFERIDO** |  | **INDEFERIDO** |
| **DATA DA PROVA** | **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_** | | **HORÁRIO:** | **\_\_\_\_\_:\_\_\_\_\_** |

**Parecer do Professor(a):**

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