**REQUERIMENTO DE VALIDAÇÃO DE   
CONHECIMENTOS EXPERIÊNCIAS ANTERIORES**

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| **Orientações ao aluno(a):**   1. Preencha este formulário. 2. Anexe o(s) documento(s) comprobatório(s) (Histórico escolar, Matriz Curricular, e ementas e conteúdo programático desenvolvidos na instituição de origem). Os pedidos que não estiverem compreendidos entre as hipóteses legais de aproveitamento de disciplinas e do aproveitamento, por meio de validação de conhecimentos e experiências anteriores ou não contarem com os documentos necessários serão indeferidos. 3. Entregue este formulário juntamente com o formulário de requerimento para o REGISTRO ACADÊMICO. 4. O pedido será analisado pelo colegiado do curso e, se aceito, o aluno será dispensado da disciplina. |

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 aproveitamento de conhecimento e experiências anteriores conforme disposto no Regulamento Acadêmico de Cursos Técnicos, subseção V para os seguintes componentes curriculares:

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| **Disciplina:** | **Código:** |
| **Disciplina:** | **Código:** |
| **Disciplina:** | **Código:** |

Por ter-me apropriado de competências, por meio de:

Aprovado em disciplina análoga realizada em Curso reconhecido pelo MEC.

Aprovado em 2 (duas) ou mais disciplinas realizadas em Curso reconhecido pelo MEC que, em conjunto, sejam   
 consideradas equivalentes em conteúdo e carga horária à disciplina para qual se requer a dispensa.

Experiências anteriores:

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| **Componente Curricular (Solicitação de Aproveitamento)** | **Componente Curricular Dispensada** |
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**Documentos anexados:**

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Bom Sucesso, \_\_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de \_\_\_\_\_\_

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Assinatura do(a) aluno(a)

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| **Reservado ao Colegiado de Curso** | | | | |
| DESPACHO DO COORDENADOR (*UTILIZAR O VERSO PARA PARECER, SE NECESSÁRIO*): | | | | |
| **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ Data** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COORDENADOR(A)** | | | |
| **D****ECISÃO DO COLEGIADO:** |  | **DEFERIDO** |  | **INDEFERIDO** |
| **DATA DA AVALIAÇÃO: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_** | **HORÁRIO:** **\_\_\_\_:\_\_\_\_** | | | |
| **LOCAL DA AVALIAÇÃO:** | | | | |

**Parecer do Colegiado:**

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