

UNIVERSIDADE FEDERAL DO RIO DE JANEIRO

INSTITUTO DE MICROBIOLOGIA PAULO DE GÓES

CIÊNCIAS BIOLÓGICAS: MICROBIOLOGIA E IMUNOLOGIA

Nome do Aluno:

DRE:

Período que a disciplina será cursada:

Tel.:

E-Mail:

 CONCOMITÂNCIA DE HORÁRIO (Cursar disciplinas que coincidem o horário)

 CÓDIGO DA DISCIPLINA

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Horário que as disciplinas coincidem: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 QUEBRA DE PRÉ-REQUISITO (Cursar a disciplina sem o requisito)

 CÓDIGO DA DISCIPLINA

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 CURSAR MAIS DE 32 CRÉDITOS

 CURSAR MENOS DE 06 CRÉDITOS

 MAIS DE 1/3 FORA DO CURSO

JUSTIFICATIVA PARA A SOLICITAÇÃO

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Data:

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Assinatura do Aluno Orientador / Tutor do aluno

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Nome completo ou carimbo

Este deverá enviado para o e-mail graduacao@micro.ufrj.br devidamente preenchido assim que o aluno fizer sua inscrição em disciplina. Caso o orientador do aluno não seja professor do IMPG, o tutor (professor do IMPG com conhecimento d agrade do curso) deve assinar o formulário. O nome legível do orientador/tutor deve ser incluído se a assinatura não for legível.

**Ao assinar o orientador/tutor indica que o aluno tem condições de cursar a(s) disciplina(s) com sobreposição ou sem o requisito necessário e que está de acordo.**

PARECER COAA/CEGRIM

 DEFERIDO (ACEITO)

 INDEFERIDO (NEGADO)

OBSERVAÇÃO: