Universidade Federal Fluminense

Escola de Enfermagem Aurora de Afonso Costa

Programa Acadêmico em Ciências do Cuidado em Saúde



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**FORMULÁRIO DE SOLICITAÇÃO DE DECLARAÇÃO E DOCUMENTOS DIVERSOS**

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| Matrícula | | | | | | | | | | Semestre | | | Turma | | | | | Data de Nascimento |
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| Identidade | | | | | | | | | | Órgão Expedidor | | | | | | | | CPF | | | | | | | | | | | |
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| Nº. | | | | Complemento | | | | | | | | Cidade | | | | | | | | | | | | | | | | Estado | | | |
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| Telefone: | | | | | | | | | | | | | | | | Celular: | | | | | | | | | | | | | | | |
| E-mail: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Objeto do Requerimento |
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| Esclarecimentos (justificar a solicitação) |
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| Data da solicitação | Assinatura do requerente |
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| Data do Recebimento | Recebimento pelo requerente |
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Obs.:

1. Todos os campos devem ser preenchidos. Em caso de declaração de disciplina, **citar o nome da disciplina, o ano e o semestre em que cursou;**
2. O requerimento deve ser devolvido e arquivado na Coordenação do PACCS devidamente assinado;
3. A declaração é válida por 30 dias, sendo a mesma destruída findado o prazo;
4. **O prazo mínimo previsto para entrega da declaração é de 07 dias úteis.**