**EDITAL Nº 11/2021/COL - CGAB/IFRO, DE 20 DE ABRIL DE 2021**

**ANEXO XI**

**REQUERIMENTO DE RECURSO REFERENTE AO PROGRAMA DE AUXÍLIO COMPLEMENTAR:**

**Nome do requerente**:

**Justificativa:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Nestes termos, pede deferimento.

Colorado do Oeste, \_\_\_\_\_\_\_de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_de 2021.

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Assinatura do aluno quando maior

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Assinatura do aluno quando menor

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Assinatura do responsável legal pelo aluno menor