**ANEXO I**

PEDIDO DE RECURSO

**ESPECIFIQUE O RECURSO CONTRA:** ( ) Homologação das inscrições

 ( ) Resultado preliminar

**Aluno(a):**

**Maior de idade?** ( ) Sim ( ) Não

**Curso:**

**Modalidade:** ( ) Concomitante ( ) Graduação

**Turno:** ( ) Matutino ( ) Vespertino ( ) Noturno

**Série/Período:**

**Se menor, nome do responsável legal:**

**Telefone do aluno:**

**Telefone do Responsável (se menor):**

**E-mail do aluno para contato:**

**JUSTIFICATIVA**

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Porto Velho/RO \_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_de 2019.