**CENTRAL DE ATENÇÃO AO ESTUDANTE**

**REQUERIMENTO DE RECURSO DIRIGIDO À**

**COMISSÃO TÉCNICA DE BOLSAS DO COLÉGIO UNESC**

**nOME DO cANDIDATO:**

**SERIE:**

**NOME DO RESPONSÁVEL:**

**TELEFONE:**

**RAZÕES DO RECURSO**

**(FUNDAMENTAÇÃO)**

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Assinatura do Responsável: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Data: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

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| **PARA USO DA COMISSÃO TÉCNICA** |
| **DECISÃO DA COMISSÃO**  **( ) INDEFERIDO ( ) DEFERIDO**  **Observações:**  **Assinatura do avaliador Data: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_.** |

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| **Pedido de Recurso**  ( ) Protocolo de entrega  **Assinatura atendente: Assinatura candidato:**  **Data:** |