**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:** |