**SOLICITAÇÃO PARA TRANCAMENTO DO CURSO**

Eu,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, portador do RG \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e CPF\_\_\_\_\_\_\_\_\_\_\_\_\_\_, aluno(a) regularmente matriculado(a) no Programa de Pós-Graduação em \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_) da Universidade Federal Rural do Semi-Árido (UFERSA), matrícula \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, solicito o trancamento do curso por motivo de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

Mossoró-RN, \_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de 20\_\_\_\_\_\_.

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Discente

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Coordenador do Programa de Pós-Graduação