**SOLICITAÇÃO DE TRANCAMENTO DE CURSO**

À Coordenação Programa de Pós-graduação em Biociências da Universidade Federal do Vale do São Francisco.

Eu, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(nome completo)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, CPF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, residente no endereço \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, telefone (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, regularmente matriculado no Programa de Pós Graduação Ciências da Saúde e Biológicas nível Mestrado, iniciei em \_\_\_\_\_\_\_(ano / semestre) \_\_\_\_\_\_\_\_\_\_ venho, mui respeitosamente, solicitar o **TRANCAMENTO** de matrícula.

Para fundamentar este pedido, apresento a justificativa abaixo: (anexar outras folhas caso necessário)

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Nestes termos,

Pede deferimento,

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| Ciência do orientador |  | Assinatura do aluno |

**OBS: Este documento só será valido com a assinatura e carimbo do orientador.**

Petrolina, \_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_ de \_\_\_\_\_\_\_\_\_