**À**

**COORDENAÇÃO DO PROGRAMA DE PÓS - GRADUAÇÃO EM CIÊNCIAS DA SAÚDE - PROCISA**

**REQUERIMENTO DE ISENÇÃO DE TAXA DE INSCRIÇÃO**

Eu, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RG Nº. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, venho requerer isenção da taxa de inscrição no Processo Seletivo 2014.1 do Programa de Pós-Graduação em Ciências da Saúde - PROCISA, conforme os termos do artigo 5.2 do Edital nº 015/2013 - PROCISA/UFRR e as justificativas apresentadas abaixo:

Motivos/justificativa:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Nesses termos, pede deferimento.

Atenciosamente:

Boa Vista - RR, \_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nº do RG Assinatura do Requerente

Parecer e deliberação: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Boa Vista – RR; \_\_\_ / \_\_\_\_ / \_\_\_\_

Assinaturas: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_