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|  | **MINISTÉRIO DA EDUCAÇÃO**  SECRETARIA DE EDUCAÇÃO PROFISSIONAL E TECNOLÓGICA  INSTITUTO FEDERAL DE EDUCAÇÃO, CIÊNCIA E TECNOLOGIA DE SANTA CATARINA  COORDENADORIA DE REGISTRO ACADÊMICO | Atualizado nos sistemas em  \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ |

#### REQUERIMENTO DE VALIDAÇÃO DE COMPONENTE CURRICULAR POR

#### RECONHECIMENTO DE SABERES

**NOME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CURSO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MÓDULO\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MATRÍCULA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **COMPONENTE CURRICULAR**  **NO IFSC** | **COMPONENTE CURRICULAR CORRELATO CURSADO EM OUTRA INSTITUIÇÃO (especificar)** | **DEFERIMENTO**  **(professor avaliador)** | | **AVALIADOR** |
| SIM | NÃO |
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**Atenção**: Anexar comprovante de experiência profissional ou histórico de formação profissional e expor o motivo da solicitação.

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**\*Atenção:** O aluno deve frequentar as aulas até ter ciência do resultado final.

DECLARO estar ciente que é de minha inteira responsabilidade o acompanhamento da tramitação do processo, não havendo a necessidade de convocação, ou nenhum outro tipo de aviso, seja por carta, e-mail ou telefone por parte do Registro Acadêmico.

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Local e data Assinatura do requerente