**APROVEITAMENTO DE DISCIPLINAS**

Eu **xxxxxxxxxxxxxxxxxx, Registro DRE nº XXXXX**, aluna de ( ) Mestrado ( X ) Doutorado do Programa de Pós Graduação em Imunologia e Inflamação, com telefone (s) de contato: 032 XXXXX-XXXX ,e-mail: xxxxxxxxxxxxxxxxxxx, venho respeitosamente requerer o aproveitamento da (s) disciplina (s) e cargas horárias, conforme documento de comprovação emitido pelo Programa de Microbiologia e Imunologia da UFRJ.

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| **Código da Disciplina** | **Nome da Disciplina** | **Programa** | **Ano/Semestre** |
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Rio de Janeiro,

Nestes Termos peço de deferimento.

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***Assinatura do Aluno***

PARECER DO DOCENTE RELATOR:

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Data: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Nome do Docente:

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***Assinatura do Docente relator***

Parecer aprovado pela CEGIM –I em reunião no dia \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

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***Assinatura e carimbo da Coordenação do Programa***