**FORMULÁRIO PARA PEDIDO DE ISENÇÃO DE TAXA DE INSCRIÇÃO NO PROCESSO SELETIVO DO PROGRAMA DE POS-GRADUAÇÃO TERAPIA OCUPACIONAL EPROCESSOS DE INCLUSÃO SOCIAL DA FMUSP - 2024**

Eu,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, RG\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, CPF\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, venho solicitar isenção da taxa de inscrição no Processo Seletivo 2024 de ingresso no Programa de Pós-Graduação TERAPIA OCUPACIONAL E PROCESSOS DE INCLUSÃO SOCIAL da Universidade de São Paulo, pelas seguintes razões:

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Local e Data:

Assinatura:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_